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VS. A15A PI EASE WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

TE DEPARTMENT OF HEALTH 04473

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

COUNTY Any	ru. napolis AA	MARYLAND	STATE Md.		JNTY AA
OR give neares	corporate limits, write RURA it town)	AL and LENCTH OF STAY (in this place)	OR	orate limits, write RURAL and	
HOSPITAL OR INSTITUTION O STREET ADDRE	or Ess 32 Washing	ton	STREET ADDRESS 32	(If rual give location) Nashington	on)
3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle)	(Last) Adams	4. DATE (Month) OF DEATH 5	(Day) (Year) 1 195]
5. SEX	6. COLOR OR RACE	7. SINGER MARRIED; WIDOWED, DIVORGED; (Specify)	8. DATE OF BIRTH	9. AGE last birthday If u Mor	nder I year nths Days Hours Min.
done during most of	PATION (Give kind of work working life, eyen if fetired)	10b. Kind of Business on Industry Odd jobs	Annapolis.	Md.	COUNTRY? SA
Willia	ME am Adams		Mary Adam		
(Yes, no, or unknown)	Ever In U.S. Armed Forces (If yes, give war or dates of service) IN	7 16. Social Security No. None	17. INFORMANT	ucille Bryant	
	/	WHILE WILL WALL	Vation Old	WOOL	LUF An.
Diseases or giving rise stating the	ent cause(s) conditions, if any, to the above cause underlying cause last	Acute Orlan	fation of coular S	isease	untremo
Antecede Diseases or giving rise stating the H. OTHER SIGNIF Conditions contri- related to the dise	ent cause(s) conditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS buting to the death but not ase or condition causing deat		fation of contact &	isease	untum
Antecede Diseases or giving rise stating the 11. OTHER SIGNIF Conditions contributed to the dise 19a. DATE OF OPI	ent cause(s) conditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS outing to the death but not ase or condition causing deat ERATION 19b. MAJOR F	FINDINGS OF OPERATION	fation of a	Hent icease	20. AUTOPSY? Yee \(\) No \(\) NTY) (STATE)
Antecede Diseases or giving rise stating the 11. OTHER SIGNIF Conditions contributed to the dise 19a. DATE OF OPI 21. EXTERNAL CAPRIMARY OR COLUMN OF CAUSE OF DEAT	ent cause(s) conditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS outing to the death but not ase or condition causing deat ERATION 19b. MAJOR F AUSE WAS ONTRIBUTING OF H.	FINDINGS OF OPERATION CE (Hnme, farm, factory, street, office bldg., etc.) JRY	CITY OF		Yes No
Antecede Diseases or giving rise stating the 11. OTHER SIGNIF Conditions contributed to the dise 19a. DATE OF OPI 21. EXTERNAL CAPRIMARY OR COLUMN OF CAUSE OF DEAT	ent cause(s) conditions, if any, to the above cause underlying cause last (c) FICANT CONDITIONS outing to the death but not ase or condition causing deat ERATION 19b. MAJOR F	FINDINGS OF OPERATION CE (Hnme, farm, factory, street, office bldg., etc.)	CITY OF HOW DID INJURY OF		Yes No

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CERTIFICATE OF DEATH

g. Dist. No.

	FOR MEDICAL	LEAAVIINERS	Reg. Dis	No.
I. PLACE OF DEATH COUNTY COUNTY CITY (If outside corporate limits, write RURA OR give majest town)	MARYLAND L and LENGTH OF STAY (in this place)	CITY (If outside copper or)	(HOME) OF DECEASED- COU Drate limits, write RURAL ar	JNT Ballewine d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/13-BA	ookwood Road.	STREET ADDRESS 7 2 3		ave. 1
3. NAME OF DECEASED (First) (Type or Print) A THERY			4. DATE (Month) OF DEATH TUSY	1 1 195
Fernole. White	7. SINGLE, MAURIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6/20/83	67 yrs. Mo	nder I year If under 24 h nths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done diring most of working life, even if retired) 13. FATHER'S NAME	10b. Kind of Business DR INDUSTRY	WHITHPLACE (State	moss.	COUNTRY?
Galen 1. athe	stow	MOTHER'S MAIDE	Hasbell	ou.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	1217-30-2591	17. INFORMANT, Sheer	now H. ath	ectow.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY	EADING TO DEATH	Λ Λ	_ \)	ONSET AND DEAT
In the second se	monary	Declus	cow	Sudden
Manual Immediate cause		· V 0 01 0 00 000 1 0 00 0 0 0 0 0 0 0	**** ****** Bd; ** ***** *** *** *** ****	
Antecedent cause(s)				
Diseases or conditions, if any, (b)	DECCT-007737737747444477747447744477444774447		MOT I ONT DE H	
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing death	INDINGS OF OPERATION			20. AUTOPSY?
The state of the s	-			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUL	Yes No NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CCUR?	
22. I certify that I took charge of the remai obtained by said Autopsy, Uspection or from: natural causes B, accident \(\square.	Inquiry, find that said dece	ased died on the day sta	, Inquiry thereon of ted above, and death in	and from the evidence my opinion resulted
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
bustane N. Fauher Y- W.	To parting out	somies . El	en Burne	4.5/1/5,
23. BURIAI., CREMATION DATE THEREO REMOVAL (Specify) 13 4 R i a L May - 6 - 1	951 LOUDEN PAR.		BALTIMORE	(State)
DATE REC'D BY LOCAL REGISTRAR'S S	IGNATURE	24. FUNERAL DIRECT	OR D	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

vs. A15A

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Anne Arundel MARYLAND	STATE Maryland Anne Arundel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Anna polis (in this place)	OR Millersville
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Anne A undel General Hospital	ADDRESS Millersville Post Office
3. NAME OF (First) (Middle) DECEASED WILLIAMS E B.	ALDWIN, SR. 4. DATE (Month) 19, (Day) (Year) OF May 19, 51 19
	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hrs
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifyld owed)	Jan. 6, 1868 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Het. Farmer Tobacco Farmer	Prince George County, Md County,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willkam Baldwin	Elizabeth Brady
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of None	Mr. Wm. E. Baldwin Jr. Millersville, Md.
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
n. pasansas on constituto sinsetti minetta to santa	ONSET AND INSETS
Immediate cause (a) Lownary of	Marchion 2 day
Immediate cause	1 1 1
156. Antecedent cause(s)	1 lives 6 Mens
Diseases or conditions, if any, (b) giving rise to the above cause	
467 stating the underlying cause last	++ 4 + 1
(c) Denign Nos	(alic // yher hoply years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
~	Yes \(\tau \) No \(\tau \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	NOW DID INJURI OCCUR!
=/:	-1 -1 1-110 -1
22. I hereby certify that I attended the deceased from	, 195, to 195, that I last saw the deceased
5/19/25/2000	6:49m., from the causes and on the date stated above.
alive on, 19—, and that death occurred at	ADDRESS, DATE SIGNED
Frank M. Shipley MD 6	3001/ege Ava. Amajoli, 5/2/37
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER May 22,51 St. Mary's	Chmetery Annapolis, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR ADDRESS
mreg. 12 1951	B.L. Hopping and Son Annapolis, Md.
may 22, 1931 1 = 1. Mul	D. D. HOPPING and DON annapolis, ra.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

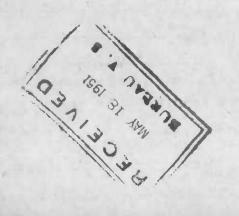
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

04476

1. PLACE OF DEATH- COUNTY A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Q Q.
CITY (If outside corporate ilmits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullant
HOSPITAL OR INSTITUTION OR G. G. G. General	STREET 509 Chesopeake Que.
3. NAME OF DECEASED Struck (First Carry Quel Backy Pull Backy	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 5- /3- 195/
6. COLOR OR RACES 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year Months Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry Tone	11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Senge L. Ball III	Mildred am Rembold
15. WAS DECRASED FOR IN U.S. ARNED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Longe L. Bull II Gurthost 24d.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a)/nematunt	3 (8 unks)
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause 160 c stating the underlying cause last	Fren a Propue Bleding 3 de
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-12	105/ to 5-13 105/ that I last your the 1
	- 115
alive on	ADDRESS n., from the causes and on the date stated above. ADDRESS DATE SIGNED
Lengt C Boil M. A	Annifordi mm 5.14-51
REMOVAL (Specify) 5-16-51 Famely	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SKINATORE	The state of the s
may 16, 1951 mg trul	ADDRESS ADDRESS



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borrect age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04477

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Anne Amindel MARYLAND	STATE Maryland COUNTY Anne	Arundel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
Town give newest days) Burnie 4(in Year's)	Town Glen Burnie	
HOSPITAL OR INSTITUTION OR OAA O	STREET (If rural, give location)	
STREET ADDRESS 214 Greenway S.E.	214 Greenway, S.E.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Edward F	Bass OF May	15 151
		year III under 24 hrs.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED. SHOULD THE	d Feb. 18, 1880 71 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Boller Maker (Retired) Noriolk Navy Yo	Baltimore	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Augustus A. Bass	Mary Goldsborough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Goldsborough 17. INFORMANT AND ADDRESS 214 Gre	enway, S.E.
(Yes no, or unknown) (If yes, give war or dates of None	Mrs. Lillian Hubbard Glen B	urnie Md.
IS. MEDICAL CES	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlus	sion	Sudden
420 Antocodent cause (a)		
Disease or conditions, if any, (b) Amputation of bo	th legs in Mid thigh	
giving rise to the above cause	The same of the sa	10 00 04 00 mm or mm or man
1030 1047		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The bill of or brain troit 100 miles or brain of or brain troit		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No X
PRIMARY OR CONTRIBUTING OF office bidg., etc.)	(COUNTY)	(SINIU)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while	now bib intoit. cocci.	
INJURY m, work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection X, Inquiry thereon and f	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decea	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes A, accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	DATE SIGNED
SIGNATURE (Degree of title)	ADDRESS	DATE STUNED
Kulive I f-aucher MM Asst. Deputy	Medical Examiner Glen Burni	a Ma /15/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	(thte)
REMOVAL (Specify) Burial May 18,1951 Bass Priva	ate Cemetery Norfolk, Coun	ty, Va.
DATE REE'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Burnie, Md



4.

PLAINLY, is especially i

WRITE

PLEASE

Item 9 on:

MARYLAND STATE DEPARTMENT OF HEALTH

MMNO. G 1 2 MAY 15 1951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04478

Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY General Localtel MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town (in this place) TOWN Annapolis HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Dean STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF Albert (Type or Print) Relt DEATH 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Montha | Days | Hours | Min. (Specify) 7-1-1874 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If retlred) INDUSTRY COUNTRY? West River 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME reslev Belt Martha Fisher 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) eroy Belt 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from May 1, 1957, to May 7, 1957, that I last saw the deceased alive on Man 7 1957, and that death occurred at ADDRESS DATE SIG SIGNATURE (Degree or title) DATE SIGNED tumplis 23. BURIAL, REMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 5-9-5 Brewer Annapolis DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Reese 108 Wash.

REGETVED

MAY 10 1951

NAY 10 1951

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

04479

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
HNNE HRUNDE! MARYLAND	Maryland 17. F	7 -
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (II outside corporate limits, write RURAL and give nearest to OR TOWN	eza
HOSPITAL OR INSTITUTION OF STREET ADDRESS 533 ANNABEL AUE	STREET (If rural, give location) ADDRESS 533 ANNA bel Ace	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Blawche	Bents DEATH 5 29	19.47
6. SEX 6. COLOR OR RACE 7. SENGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAYLLED (Specify) MAYLLED	3. DATE OF BIRTH 9. AGE last hirthday If under 1 year III 1 Ju 4 27-1886 44 yrs.	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	BALTIMORE Md 12. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nicholas Connor	MARY TORREST	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MR. LAMBERT W. BENTS 533 HNN	Abe/
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		L BETWEEN ND DEATH
Immediate cause (a) ACVIE COTON	uses Occhesion la	bre-
1120 Immediate cause (a)	THE OCCIVITION	<u> </u>
Antecedent cause(s)	dis-VASCULET RENAL DISEASE	
Diseases or conditions, if any, (b) // // // // // // // // // // // // //	416-V 75CVIEV 11EN AT 10 COGSC	***
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.	Yes [No 🗆
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Yes [
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE INJURY INJURY OCCURRED OF OFFICE OFFICE	Yes [No 🗆
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (NOURLE) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OF (While at Not While Work At work I	(CITY OR TOWN) (COUNTY) (ST	No []
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (NOURLE) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OF (While at Not While Work At work I	(CITY OR TOWN) (COUNTY) (ST	No []
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Not While of INJURY Work At work 22. I hereby certify that I attended the deceased from All work At work	Yes (CITY OR TOWN) (COUNTY) (ST HOW DID INJURY OCCUR? 1940, to MAY 24, 1957, that I last saw the county that I last saw the county had been said on the date stated about the county had been said on the date stated about the county had been said on the date stated about the county had been said on the date stated about the county had been said on the date stated about the county had been said on the date stated about the county had been said on the date stated about the county had been said to be said to b	No □ ATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from AND And alive on Not Not 192, and that death occurred at	Yes (CITY OR TOWN) (COUNTY) (ST HOW DID INJURY OCCUR? 1940, to MAY 24, 1951., that I last saw the county of the causes and on the date stated about the causes are considered in the cause of the causes and on the date stated about the cause of the c	No ATE) deceased ve.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While of INJURY 22. I hereby certify that I attended the deceased from AMALON (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMET	(CITY OR TOWN) (COUNTY) (ST HOW DID INJURY OCCUR? 1940, to MAY 24, 1957, that I last saw the of ADDRESS DATE 20 Catagore Aug. Dattum County) ERY OR CREMATORY LOCATION (City, town, or county)	No ATE) deceased ve.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from AND	(CITY OR TOWN) (COUNTY) (ST HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1940, to MAY 24, 1957, that I last saw the occupance of the causes and on the date stated about the causes are caused the causes and on the date stated about the causes are caused the caused t	No Date No Dat
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While office in the contribution of the cont	HOW DID INJURY OCCUR? The property of the causes and on the date stated about the causes and on the date stated about the property of the causes and on the date stated about the property of the causes and on the date stated about the causes are caused the causes and on the date stated about the causes are caused the	No Date No Dat
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 22. I horney (Hour) INJURY OCCURRED While at Not While of INJURY Work At work 22. I hereby certify that I attended the deceased from Average 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 24. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 26. CAUSE CAUSE CAUSE 27. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 28. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 29. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 29. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 20. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 29. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 21. ACCIDENT SUBJECT 22. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 24. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 26. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 27. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 28. BURIAL CREMATION DATE THEREOF NAME OF CEMETY 29. BURIAL CREMATION DATE TH	(CITY OR TOWN) (COUNTY) (ST HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1940, to MAY 24, 1957, that I last saw the occupance of the causes and on the date stated about the causes are caused the causes and on the date stated about the causes are caused the caused t	No Date) deceased ve. signed (State)

2411 N. Charles Street, Baltimore

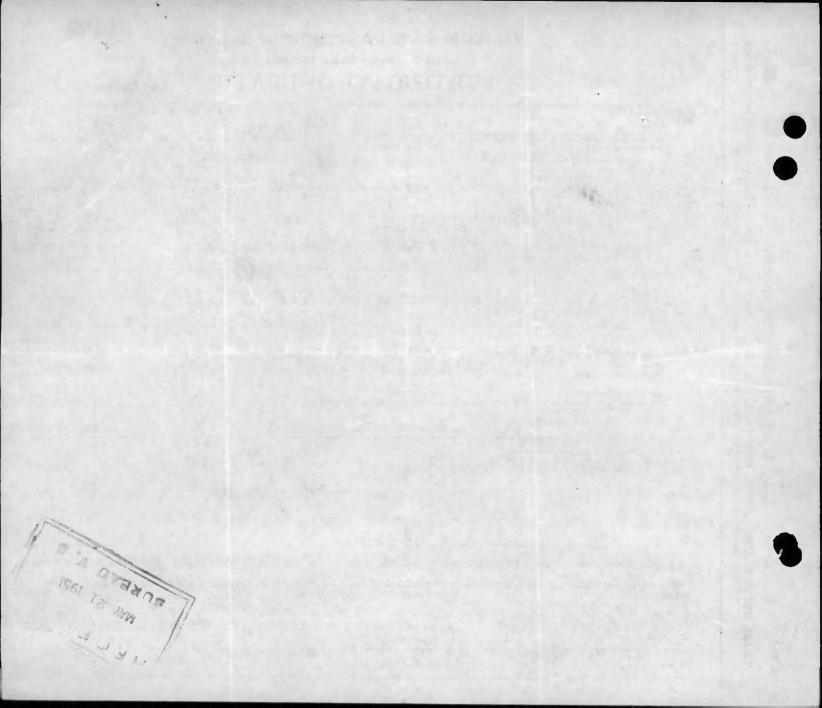
CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEAT COUNTY	4 //		2. USUAL RESIDENCE (HOME	COUNTY
CITY (If outside of	orporate limits, write RUR	MARYLAND AL and I LENGTH OF STAY	STATE Maryland	its, write RURAL and give nearest town)
	cobsulle (Pasad	a The Alata alata	OR	Marcha Da
HOSPITAL OR			STREET VACOBSUITE	(If rural, give location)
INSTITUTION O STREET ADDRE	ss Back of Jaco	obsville school	ADDRESS Backof 7	acobsville School
3. NAME OF	(First)	(Middle)		DATE (Month) (Day) (Year
(Type or Print)	Charles			DEATH May 16, 193
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AG	E last hirthday VIf under 1 year IIf under 24 h
Male	White	(Specify) (wet	Sept. 29, 1861 8	yrs. Months Days Hours Mi
done during most of	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	a description of
Farmer (votting life even if retired)	own farm	anne arender 6.	94. COUNTRY! 5.A.
13. FATHER'S NAM	-		14. MOTHER'S MAIDEN NAM	E
Charles	Boone		Alverta (Unkn	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of	01	17. INFORMANT AND ADDE	A /
100	(service)	None	1-11. 11.p (60K -	Masadene P.O. Md.
		18. MEDICAL CE	RTIFICATION	INTERVAL BETWEE
I. DISEASES OR CO	ONDITIONS DIRECTLY		0 . 0	ONSET AND DEAT
Immediat	0.00000 (8)	Cerebral 7	remarks	e la month
-		11 2-		
33 Anteceder	nt cause(s) conditions, if any, (b)	/fulosteus	usi	Ули вист
giving rise t	o the above cause			
8 300 stating the t	inderlying cause last (c)	arteriorche	emis	Jul Provo
II. OTHER SIGNIF	CANT CONDITIONS			
Conditions contributed to the dises	uting to the death but not se or condition causing deat	h. none		
		FINDINGS OF OPERATION		20. AUTOPSY?
				Yes 🗆 No S
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	
HOMICIDE	INJU	JRY		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
ĬŃJURY	m.	Work At work		
02 I haveby sort	if that I attended the	donnered from Was 11	2 105D . March	1957, that I last saw the deceased
10				
alive on	4. 15., 19.57, an	d that death occurred at.	2.15 A.m., from the cause	es and on the date stated above.
SIGNATURE	an me of	Degree or title)	ADDRESS	DATE SIGNED
Kaudall	M. McLau	oblen, M.D.	Pasadena V.C	, Md. May 16. 1950
23. BURIAL, CREM		OF NAME OF CEMETE	RY OR CREMATORY LOCAT	ION (City, town, or county) (State)
REMOVAL (Spec	(Har 18)	1951 Magothy C	butch Com. Ma	outher a A.C. wed
DATE REC'D, BY	LOCAL REGISTRAND	SIGNATURE 10/0	24. FUNERAL DIRECTOR	ADDRESS
REG // 7/	51 5.	Duction	NV Singkton	Glen Burnip

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

564246

		CERTIFICAT	E OF DEAT	II R	leg. Dist. No		
1. PLACE OF DEATH	H•		2. USUAL RESIDENCE (HOME) OF DEC		,	
COUNTY	ne Arundel	MARYLAND	STATE Marvla	nd	Anne Ar	imdel	
CITY (If outside c	orporate limits, write RURA	Land LENGTH OF STAY	CITY (If outside corpor		URAL and giv	e nearest town	n)
	apodis,	(in this place)	TOWN Annap				
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Anne Arundel	General	STREET ADDRESS 129 V	lest St.	ive iocation)		
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Brady	(Last)	4. DATE OF DEATH	(Month) May 28,	(Day) 1951	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married	SAN 3-1702	9. AGE last birth	day If under Months	Days If und	er 24 hrs Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State			CITIZEN OF	WHAT
done during most of w	vorking life, even if retired)	INDUSTRY	Mayyland			COUNTRY	
Painter 13. FATHER'S NAM	(Fouse)	Self Emplayed	14. MOTHER'S MAIDEN	NAME		UDA	
	L. Brady			known			
15. WAS DECRASED E	ver In U.S. Armed Forces' (If yes, give war or dates of	? 16. SOCIAL SECURITY NO.		ADDRESS			
NO MILLEON IN	service) NO	None	Mr. Hurbert Br	ady West	St. Ann	apolis,	Md
		18. MEDICAL CE	RTIFICATION				
I DISPLOYED OF CO	ONDITIONS DIRECTLY_	LEADING TO DEATH				INTERVAL B	
I. DISEASES OR CO	ONDITIONS DIRECTEL	Search of the bearing	01			ONBET AND	DEATH
Y 32-4		Musersuks	Chinese			3 Eur	-
Immediat	e cause	-1 - 0			**** **************	C	
ULIDV Anteceder	nt cause(s)	200-1-0				Sem	2
/ / O A Diseases or	conditions, if any, (b)	cours fee		*************		5-	
	o the above cause inderlying cause last	11				12	0
430 scaling the		Heate man				4	-
II OTHER SIGNIFI	(e) (CANT CONDITIONS	MI				1	-
Conditions contribu	uting to the death hut not	Same and Pa	stoler Sul	aguer	1	1	-
	se or condition causing deat	II.	The same	syuse	-		
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOP	SYT
						Yes 🗆	No 💍
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STAT	E)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CUR?			
OF		While at Not While Work At work					
INJURY	m.				0		
22 I horoby corf	ify that I attended the	e deceased from	1950 to Mag	28 1051.	het I loot a	aw the dee	bonno
22. I hereby cert	ny that I attended the	deceased nom.w	, 104, 00		Lac I last se	AM THE GEG	saseu
alive on.	195 an	d that death occurred at	2 P m. from the	causes and on	the date sta	ated ahove	3
SIGNATURE		(Degree or title)	ADDRESS	_		DATE SIG	GNED
6	a B.	2 m 67	Gunderles	2./	·	21	~ ,
June	- C Isan	6 12.0		Joed	3.	. J/. U	1
23. BURIAL, CLEM REMOVAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City,	town, or count	y) (S	tate)
REMOVAL/ISpec	May 31, 1	951 Dunkirk Cem	eterv	Dunkirk.	Marvlan	d	
DATE REC'D BY		SIGNAT RE	24. FUNERAL DIRECTO	OR	1 44 1 4 4 1	ADDRESS	1
m REG. 31 10		To Lulla					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

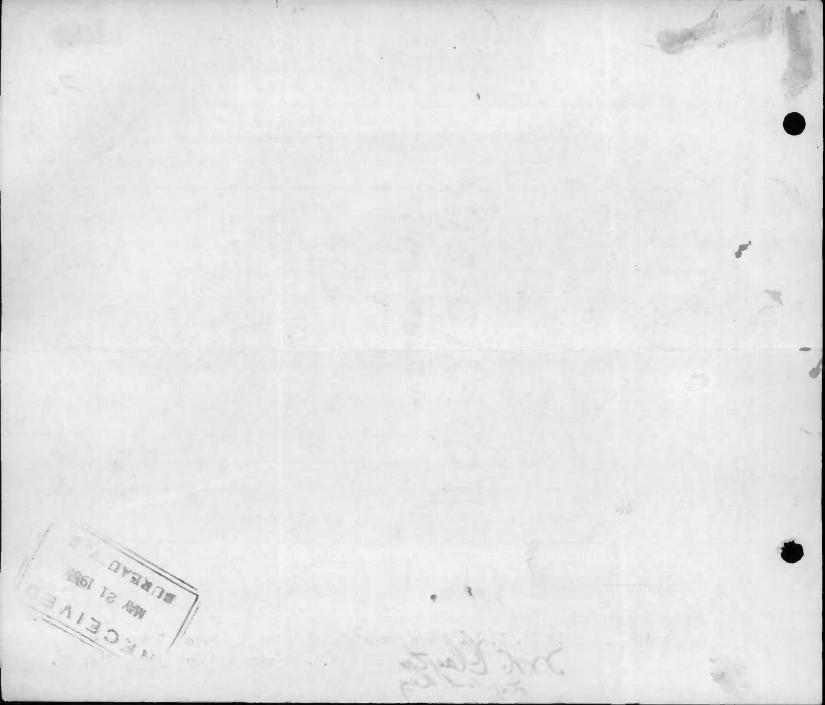


CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. IARGIN RESERVED FOR BINDING

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		Carry Creek
Union to)	The state of the s

	FOR MEDICAL	EXAMINERS	Reg. Dist.	No
1. PLACE OF DEATH- COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (H STATE Marylan	d Anne	Arundel
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN MAYO	L and LENGTH OF STAY (in this place)	TOWN Mayo	te limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beverley Ber	ach	STREET Beverle	y Beach	
3. NAME OF DECEASED (First) (Type or Print) EVA	(Middle) Sedonia	(Last) BRASHEARS	4. DATE (Month) OF May	(Day) (Year) 16 1951
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH Nov. 15, 1918	9. AGE last birthday If und Month	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWOIK	10b. KIND OF BUSINESS OR INDUSTRY HOME	Maryland .	foreign country)	12. CITIZEN OF WHAT
John N. Collison	1	Susan Ball	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	None No.	John N. Collis	on	
	18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH Status epileptic	us		INTERVAL BETWEEN ONSET AND DEATH
			mis brun - 1000000000 or one soogenees ares	0-111- NO GRANDA GUIL GRANDA GRANDA GRANDA GOLI CO
giving rise to the above cause stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR T		Y) (STATE)
	INJURY OCCURRED While at Nnt while work at work	HOW DID INJURY OCC	CUR?	
22. I certify that I took charge of the remaind obtained by said Autopsy, Inspection or from: natural causes ♥, accident □, SIGNATURE	Inquiry, find that said dece suicide [], homicide [], (Degree or title)	ased died on the day stated	l above, and death in m	
23. BUNAL, CREMATION DATE THEREOREM REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or cou	inty) (State)
DATE REC'D BY LOCAL REGISTRARS	Mayo Memor Maesta	24. FUNERAL DIRECTO	R Mayo Maryland Son Annapo	and ADDRESS
	is loud deg		7.21	0826



CERTIFICATE OF DEATH

04483

9	FOR MEDICAL	L EXAMINERS Reg. Dist. N	0. 2/
. Th	1. PLACE OF DEATH- COUNTY ME AND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y /
carefully.	OR give nearest town TOWN resolution P.D. M. Margaella Street	CITY (If outside corporate limits, write RURAL and go OR TOWN Salturage	ive ocarest town)
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2	STREET (II rural, give location) ADDRESS 45. N. Pacal St	/
Supply every item of information write the causes of death clearly an	3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH MAY	(Day) (Year) 5 1957
infor ath ele	6. SEX 6. COLOR OR RACE 7. SINOLE, MARRIED, WIDDED, DIVORCED, (Specify) WARRIED, WIDDED, DIVORCED,	11/28/14 36 yrs.	1 year If under 24 hrs Days Hours Min.
em of	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Georgia.	COUNTRY?
ery it	13. EATHER'S NAME S. Brown	Mary Lawelner	
ly ev	15. WAS DECRASED EVER IN U.S. ARMES FORCES? (Yes. no, or unknown) (If yes. give were of dates of service)	17. INFORMANT AND ADDRESS 439-E. To Lelle Mr. Collens (une	Lative)
pp	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONBET AND DEATH
INK. please	Immediate cause amultiple he	uns over body and	DO O CHINA MÍS MÍS DO DO DO DE CHINA CHINADOCHTUDO CO LINGUACIO
IG II	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	of face.	Sullew
ADIT ysicia	170c stating the underlying cause last		
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
WITH			Yes No M
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc. 2 (AUSE OF DEATH. 1)	P. O. Millersoille (1.	(STATE)
PLAINLY, s especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while INJURY 5/5/5/. 2 A. m. work at work	HOW DID INJURY OCCUR?	ا
TE PLA	22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decome natural causes [], accident [X], suicide [], homicide [],	Autopsy _, Inspection _, Inquiry X thereon and ossed died on the day stated obove, and death in my	from the evidence opinion resulted
WRIT	SIGNATURE (Degree profit letter)	ADDRESS	DATE SIGNED
S ~		DIV OR CREMATORY LOCATION (City town, or coun	nty) (State)
EA	DATE REC'D BY LOCAL RECISERAR'S SIGNATUREA	vary Ballo	ADDRESS
PL	REG. 572/57 Ha reduct	24. FYNDRAL DIRECTOR Kelson	303
	100	Presstma	n St.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

7/0 3/8

04484

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (
COUNTY Anne Arundel MARYLAND			STATE Maryland Baltimore City				
CITY (If outside o	corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor				n)
OR give nearest	Crownsville	(in 2this offers	TOWN Baltimo	re City			
HOSPITAL OR			STREET	(If rural, give	location)		-
	R Crownsville S		ADDRESS 411 N.	Carey Street			1
3. NAME OF DECEASED (Type or Print)	Joseph	(Middle)	(Last) Brown	4. DATE (A OF DEATH	donth)	(Day) 15	(Year)
5. SEX_	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday	If under I		er 24 brs.
Male	Negro	WIDOWED, DIVORCED, (Specify) married	1908	43 ym.	Months	Days Hour	Mln.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12.	CITIZEN OF	WHAT
done during most of	Laborer (retired)	Shippyaha	Ohio		0	COUNTRY?	J. S.
13. FATHER'S NAM	Œ	om pp and	14. MOTHER'S MAIDEN	I NAME			
	Unknown		Unknown				
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates (service)		Hospital R				
	(Betvice)	18. MEDICAL CE		ecords			
			RIFICATION			INTERVAL B	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	DEATH
	(A) (General Paresis			Know	to us	gine
Immediat	e cause (#)				222041	/20/23	DAME
	nt cause(s)				7	1/11/27	
	conditions, if why, (b)	****** ~~. * *	**************************************	00 00 00 00 00 00 00 00 00 00 00 00 00			
	underlying cause last					11/2/2014	
3020	(c)						
II. OTHER SIGNIF	CANT CONDITIONS						
	uting to the death hut not use or condition causing deat	h.					
		INDINGS OF OPERATION				20. AUTOR	SY?
	_					Yes 🗆	No DK
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STAT	
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)					
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	COUR?			
OF INJURY	m.	While at Not While Work At work					
		4					
22. I hereby cert	ify that I attended the	deceased from 3/17	1951 to5/	15 19.51. tha	t I last sa	w the dec	eased
							1.17000.7
alive on	2/.±2, 19.2±, an	d that death occurred at 2	.42 P. m., from the	causes and on th	e date sta	ted above.	
SIGNATURE	-	(Degree or title)	ADDRESS			DATE SIG	INED
must tv	my election		Crownsville, Ma			-1 -1	/51
23. BURIAL CREM OREMOVAL (See	CITY) DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, toy	h, or county	y) (S	Ate)
TOURAUL	(10/3///	O MERRALIUM	a ya.	MILLIAN	Mark	Va	
DATE REC'D BY REG.	LOCAL REGISTRAR'S.	SIGNATURE /	24. FUNERAL DIRECTO	OR -00	1	ADDRESS	سديني
KEG. 5 /	TILL	Nedrich	Mrs Ketie K.)	Villams)	A. Su	wells	11
		(XO 7)					

The correct age

Dr. Richards, MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

04485

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v H A
MARYLAND	I Incl -	11/14
OR givo nearest town (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve negrest town)
TOWN (in this place)	TOWN Ammatoria	mal,
HOSPITAL OR	STREET (If rural, give location)	10
INSTITUTION OR STREET ADDRESS	ADDRESS & 4 Ar. 1090 A	Rober Trust
3. NAME OF // (First)// (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF OF	The same of the sa
(Type or Print) 6. HEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE lagt birthday I! linder	2/8 1957
WIDOWED, DIVORCED,	A. A. Mouths	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	111 PARTHER A C. State on Conign security	
done during most of working life, even if retired) INDUSTRY	11. OHTHPLACE (State or foreign country)	COUNTRY?
done Juring most of working life, even if retired) INDUSTRY	To o asaale, n. C.	USI
13. FATHER'S NAME 19	14. MOTHER'S MAIDEN NAME	
VIVIN DIVIN	I oura Bearo	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	1/2
service) ///	ms. duci Brown Annah	ous.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
151-1-		1 1/100
Immediate cause (a)	- Julianina	may 2/, /75/
5-91 V Antocodont cougo(s)		1 / ~
O 70 X Antecedent cause(s) Diseases or conditions, if any, (b)	MAMA!	1/1, auch 193/
giving rise to the above cause	11 11 11 11 11 11 11 11 11 11 11 11 11	
107 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		The state of the
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ACCUPATION (No. 12.) I DY ACD (No. 12.)	(CYRY OR FORES	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		1
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Day The section of the second of the second from March	1 1067 4 Man 18 1061	
22. I hereby certify that I attended the deceased from II.	, 195 , to Maer 17, 195 , that I last a	aw the deceased
alive on hay 18, 1901, and that death occurred at 2	35 P.m., from the causes and on the date st	ated above
SIGNATURY: (Degree or title)	ADDRESS / /	DATE SIGNED
MIKIUL	land of the similar	-12,17
Mr. Hananam Int B	المرا المرا المرا	131 13
23. BURIEL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Demand May Oliver Visite	C. Hell Stratto.	7. 01
DATE REC'D BY LOCAL RECISTA R'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
may 31, 1951	1-10 Honson of	mapolis

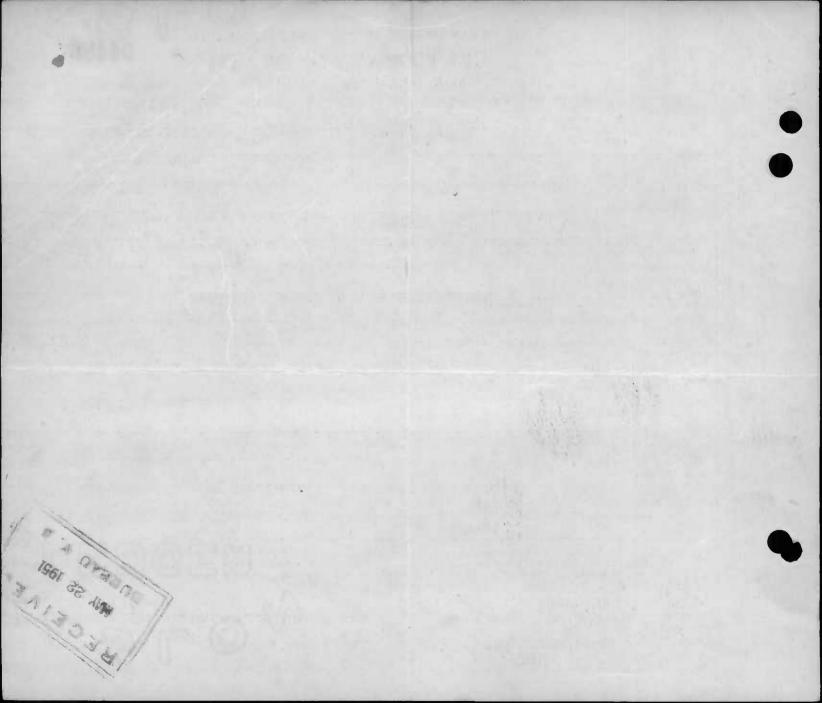


CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04486

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY AMUS Arguall MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY A.A.
OR give nearest form	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad Pro	STREET ADDRESS Railroad An
3. NAME OF DECEASED (First) TEMVE L-BOGART	Bolls 4. DATE (Month) (Day) (Year) OF DEATH MAY 8 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1/1 DOWED	S. DATE OF BIRTH 9. AGE last birthday Wunder I year Hours Min. VNF 20 1890 60 yrs. Months Days Hours Min.
done during most of working life, even if cettred Inputer Value	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. A.
MELVIN BULL	ADELIA TROTTER
15. WAS DECRASED EVER IN U.S. AHMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. of unknown) (If yes, give war or dates of 214-26-8679	JAMES BULL ODENTON, MD.
18. MEDICAL CEI	RTIPICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) PUICIFE	19 Droj grim months a mag
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 1640 stating the underlying cause last	V
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	THE RESIDENCE OF THE PARTY OF T
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	Yes No S
PRIMARY OR CONTRIBUTING OF office bldg. etc. INJURY	Odensay H. H. Ma.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY May 18 19517 m. work at work	Surgle barrelshot-gun wound in head.
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	unia, Amapolis Md 5-18-57
BURIAL MAY 20, 1951 CHURCH O	FGOD GAMBRILLS MD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1951	De Dengiton Glew Burnie Md
	0 991 250



VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH of

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04487

970726

22

COUNTY COUNTY Armedel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-CO	UNTY
OR give near thought the first of the place) CITY (If outside seporate limits, write RURAL and CENGTH OF STAY (in this place)	TOWN Paltunote	and give nearest town)
HOSPITAL OR INSTITUTION OR THE Belle Grove Road	ADDRESS 622 West Lee	
3. NAME OF DECEASED (First) PRIHUR (Middle) (Type or Print) ERNEST PRIHUR	BUTTS LATE (Month	y 6 1951
6. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday II'M	under I year onths Days Hours Min.
done during most of working fits even if retired) 10b. King or Business or done during most of working fits even if retired) INDUSTRICAL + CC.	1 + + 10 m	12. CITIZEN OF WHAT
13. PAPIER'S NAME Vandall Butto	Harrah Brown	n
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Bestur Beyers 1830 ch	fton are
18. MEDICAL C	ERTIFICATION /	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Be.	INTERVAL BETWEEN ONSET AND DEATH
Way	- 1 0 L	
Immediate cause (a)	G Vy week	
974X Antecedent cause(s)	1	
Diseases or conditions, if any, (b)		
16 4 a giving rise to the above cause stating the underlying cause last		9
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	/	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No V
21. EXTERNAL CAUSE WAS PLACE (Hame, farm, factors, street PRIMARY OR CONTRIBUTING OF office fldg, tag)	(CITY OR TOWN) (COL	INTY) (STATE)
PRIMARY OR CONTRIBUTING OF Office Lidg. La.	Tumbhrey 4	1.A. Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Constury May 2 1951 m. While at Not while at work	Hauced ty neck to the	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	coused died on the day stated above, and death in	my opinion resulted
from: natural causes , accident , suicide X, homicide	, undetermined .	
SIGNATURE (Degree or title)	ADDRESS ·	DATE SIGNED
Sotu 11 JUST M. A Debut. Maleral	Oxamuse Amuahati	MJ 576/51
26. BUBIAL, CREMATION / DATE THEREOF NAME OF CEMBE	ERY OR CREMATORY LOCATION (City, town, o	r county) (State)
Bures 5/8/5/ mr cale		- 00
	very oran, sir ofthe	m ring
DATE REC'T BY LOCAL REGISTRAR'S SIGNATURE	24 MUNERAL DIRECTOR	ADDRESS
DATE REC'T BY LOCAL REGISTRAR'S SIGNATURE	23 MUNERAL DIRECTOR	Branky.

V 2000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04488

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEAT	и		2. USUAL RESIDENCE (H		SED. COUNTY		
I. PLACE OF DEAT COUNTY Anne	Arundel	MARYLAND	Marylan		Ann	e Arun	del
OR give neares	corporate muita, wife it Old	AL and LENGTH OF STAY	CITY (If outside corpora		RAL and give	e nearest town	n)
		ie (ing this place)	TOWN Glen E				
HOSPITAL OR INSTITUTION O	R 100 =	Control of Page 4	STREET ADDRESS	(If rural, giv	e location)		
STREET ADDRE	ess 102 Fourt	Ave. S.W.	102	Fourth	Ave.	S.W.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	James	В.	Callaghan	DEATH .	May	12	19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthd	ay If under I		er 24 hrs.
Male	White	(Specify) Married	April 26,1903	4 8 yr	в.		
10a. USUAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)		CITIZEN OF	WHAT
	working life, even if retired) Cher, A. A. Co.	Industry Jr. High	Steelton.	Pa.			U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDEN				
	J. Callagha			Monahan	10-11-11-11		
Ver no or unknown	EVER IN U.S. ARMED FORCES	? I6. SOCIAL SECURITY NO.	17. INFORMANT		2 Four	th Ave	. , S.
yes	service) W. W. Ti	None	Miriam A. Call	aghan,	Glen B	urnie,	Md.
	V	18. MEDICAL CE	ERTIFICATION			INTERVAL B	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	2			ONSET AND	DEATH
		or en are. Mr.	Music Kon	Monto		2	1ª de
Immedia	te cause (a)	sounding (en	course, year	covemp	<i>C</i>	more	1120
Diseases or giving rise	ent cause(s) conditions, if any, to the above cause underlying cause last	Dabeles m	eelitus, e.	uly.	<i>a</i>	Defin	ite
6 stating the	didderlying cause last	Elesi Fg				SUR	8.
Conditions contrib	ICANT CONDITIONS outing to the death but not age or condition causing deat						
19a. DATE OF OPI	ERATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOR	PSY
1)me						Yes 🗆	No D
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	TOWN)	(COUNTY)	(STAT	E)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?			
INJURY	m.	Work At work		,			
22. I hereby cer	tify that I attended the	e deceased from	7, 1951, to 5/	2, 19.5, th	at I last sa	aw the dec	eased
SIGNATURE	5/9, 19.5, an	d that death occurred at	ADDRESS from the	causes and on	the date sta	ated above.	GNED
(xw	Michan	d mi					
23. BURIAL, CREM	MATION DATE THERE		-	OCATION (City, t			tate)
REHOVAL (ST		1951 Mt. Ca		arrisburg	, Daupk	nn.Co.	Pa.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R		ADDRESS	S
3//	4/51	for fulla	Thomas W. Sin	greton, (rien Bi	irnie,	Mid.
X	0 /	-11-1-1	6 11			-	



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04489

Reg. Dist. No. 25

1. PLACE OF DEATH. COUNTY WE CREEKE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in .this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potopies River	STREET (If rural, give location) ADDRESS 327-Potogue Proced
3. NAME OF (First) (Middle) (Type or Print) Leavy Oliver	(Last) (4. DATE (Month) (Day) (Year) OF DEATH may 22 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Jung 16	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2. FATHER'S NAME Thomas Orlvert	Helew Sucksteen
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS 21. T. Colsent (faster)
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
agg Immediate cause (a)	
Antecedent cause(s)	
Diseases or conditions, if any. (b)	
stating the underlying cause last	
(6)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No X
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH.	Brooklyn 25 - a. a. mid.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while at work at work	accidental Drawing
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decerfrom: natural causes , accident , suicide , homicide ,	utopsy , Inspection , Inquiry thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted undetermined.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED LA 5/22/2/
	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5/25/57 dam Whitson	Janus I. Milly 130 E. FORT AVE

.7. STONE WAR DE STONE OF THE STONE

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

04490

				2008.	2100 2101
1. PLACE OF DEAT.	H.		2. USUAL RESIDENCE (HOME) OF DECEASE	ED. COUNTY
Reta Ann	e Arundel	MARYLAND	Maryland	Anne	Arundel
OR givo nearest	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpo	rate limits, write RURA	L and give nearest town)
TOWN K1	va		TOWN Annapo	lis,	
HOSPITAL OR INSTITUTION O STREET ADDRE	R River View Nu	rsing Home	ADDRESS East St	(If rural, give lo	cation)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mc	onth) (Day) (Year)
(Type or Print) 5. SEX	PETE (CARDES	8. DATE OF BIRTH	DEATH Ma	1 2
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	May 5. 1883	9. AGE inst birthday	If under 1 year If under 24 hrs Montha Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Ret. Mercha	vorking life, evon if retired)	Retail Candy sto	dre Greese		CONTRACT.
13. FATHER'S NAM	Œ	*	14. MOTHER'S MAIDEN	NAME	
U	nknown		Unknow	m	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates (service)	NONE	Personal Record	ls of Mr Card	es
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		M. 11	Ohn. +1	n. o	0 -
Immediat	e cause (a)	Mounta	scens. F	more	all 3 years
4 12 X Antonodos	nt causa(s)	011			
Diseases or	nt cause(s) conditions, if any, (b)	Muffern	9		
giving rise t	o the above cause	- 4	7 - 0		6
1 300 stating the f	inderlying cause last	Protected-1	6 6	ands -	1 4
II OTHER SIGNIE	CANT CONDITIONS	Wood Fee	un fee		1/ Jesus
Conditions contribu	iting to the death but not	. 21/2 mars Som			Share
	se or condition causing deat	FINDINGS OF OPERATION			77000
198. DATE OF OLE	MATION 130. MAJOR 1	INDINGS PROFERATION			20.AUTOPSY?
21 ACCEDENT	(Newsites) I DI A	GR (II f f	· · · · · · · · · · · · · · · · · · ·		Yes 🗆 No 🗗
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	rown) (c	OUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
The second second		2 /	1 01 3000		
22. I hereby cert	4 9	e deceased from	. /		
alive on.	193/, an	d that death occurred at	7 m., from the	causes and on the	date stated above.
SIGNATURE	0	(Degree or title)	ADDRESS	0	DATE SIGNED
7	0 15.	2 8.	Armeholi:	5-1	5 10 51
WINDLAN CORN	ATION DATE THERE	NAME OF CONCERN	RY OR CREMATORY	COLUMN TOWN	3-4-01
23. BURIAL, CLEM REMOVAL (Spec	dfy)			LOCATION (City, town	
Burlai	May 7. 1	951 Cedar Bluff		Annapodis, M	
DATE REC'D BY	LOCAL REGISTRAR'S	The state of the s	24. FUNERAL DIRECTO	OK	ADDRESS
5 4 5		Joseph	B.L. Hoppin	ng and Son A	nnapolis, Md.
	//			2	90636



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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

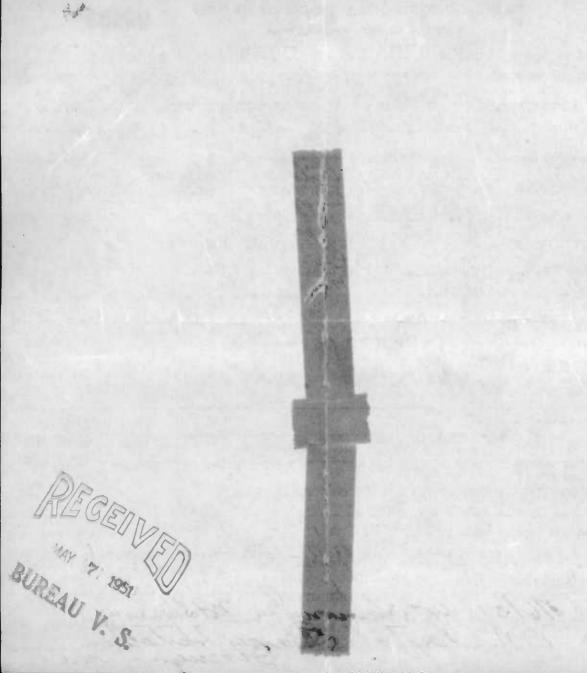
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04491

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY A CA	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	aa
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give in attion)	
3. NAME OF DECEASED (First) Journal January (Middle) (Type or Print) Thomas January (Middle)	Pullerion 4. DATE (Month) OF DEATH	(Day) (Year) 4 15 /
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months Months	Days Hours Min.
done during most of working life, even if retired) 10h. KIND OF BUSINESS OF MINISTRY (Arm Currle)	11. DRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Richard Z Catterlay	Carry Clany	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Il yes, give way or dates of 1/4-/4-2/67/	17. INFORMANT AND ADDRESS	way les
18. MEDICAL CE	RTIFIC TION	/
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	a of stomach	7 wes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 4 (f stating the underlying cause last		***************************************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	250	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from all alive on May 3, 1921, and that death occurred at 8	1951, to May 4, 1951, that I last sa	
SIGNATURI: (Degree or title)	adiress und.	DATE SIGNED
28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	course le Met Hameon	(State)
DATE REC'D BY LOCAL RECHSTRAR'S SGNATUM REG.	24. FINGER DIRECTOR	ADDRESS
	· Ofrings -	ud.



04492

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	JTY.
Anne Arundel MARYLAND CITY (If outside corporato limits, write RURAL and LENGTH OF STAY)	Maryland Ann	e Arundel
CITY (If outside corporato limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and OR	give nearest town)
OR give nearest town Town Sillery Bay, Pasadena (in this place)	TOWN Sillery Bay, Pasadena	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) ZACHARY T. CHELT	ON OF DEATH May 18	1.1951 19
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If unc	er I vear III under 24 hrs
Male White WIDOWED, DIVORCED, (Specify) Married	Feb. 19, 1877 74 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Bindustry Transfer Co	Maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Zachary T. Chelton	Anna Ford	
IE Was Decreased From In II & Aprile Ropose? I 16 Social Sections No.	17. INFORMANT AND ADDRESS	
(Yesano, or unknown) (If yes, give war or dates of service)	Mrs Ruth R. Chelton, Sillery Ba	v . Pasadena
18. MEDICAL CEI		
	RIF TORETON	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Acute Myoca	redial infaretion	- KURMEUM
120 / Antecedent cause(s)	12.70	d una
Diseases or conditions, if any. (b)	are facellere	7 years
giving rise to the above cause stating the underlying cause last	0 1.	0,
(c) arleriosch	OSPELLS.	1XII PARTITO
II. OTHER SIGNIFICANT CONDITIONS		vous vice-oil
Conditions contributing to the death but not		O LANTING
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
148. DALLE OF CEMENTALISM	147	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	Yes No R
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
744.	1 1- M. 10 51	
22. I hereby certify that I attended the deceased from May	, 19.20, to May	t saw the deceased
" Men 12 251 2000	TIONE . t.	-
alive on Mally 1901, and that death occurred at	ADDRESS and on the date	stated above. DATE SIGNED
SIGNATURE (Degree or title)	De Pa Cal	Ma In 2
KAMARIX III. MCKALLOUIN M.O. 1	asadena V.O. 1110. 11	104 18 1957
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR GREMATORY LOCATION (City, town, or on	unity) /2 (State)
9 RESIOVAL (Specify) 5/5/5/5/5/	& task - Julianor (2	MITT
DATE REOD BY LOCAL MEGISTRAR'S SIGNATURE	24. PUNERAL DIRECTOR	ADORESS
REG / / / / / / / / / / / / / / / / / / /	11 12 may 1311 St	2 Myress
REUT /2 / / / / / / / / / / / / / / / / / /		IGA. V V
121/8/ 18 reaco	11 10 K She, 121 30	on y

2411 N. Charles Street, Baltimore

04493

CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY	Arundel County	MARYLAND	STATE 1524 P	avson St. Balton	ELt.
CITY (If outside	corporate limits, write RURA	AL and LENGTH OF STAY	CITY (If outside corp.	orate limits, write RURAL and	
OR give neares	wmsville State	Hosp. Ivr. 7mts	TOWN Bal	timore	
HOSPITAL OR INSTITUTION O	R Commental		STREET ADDRESS	(If rural, give location)	
STREET ADDRE	300		(T A)		V
3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Moses Chri	.stopher	4. DATE (Month) OF May	(Day) (Year) 26 19 5]
6. SEX	s. color or race	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S DATE OF BIRTH	9. AGE last birthday If und Mont	ler I year If under 24 hrs hs Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry. Shapyeards	Granada Close		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
	(If yes, give war or dates of service)		Hospital R	ecords	
		18. MEDICAL CE	RTIFICATION		7.
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	Psychosis with	Gerebral Arteri	osclerosis	Known to us
Diseases or	ent cause(s) conditions, if any, (b)		***************************************		since 11/2
	to the above cause underlying cause last (c)				1949.
Conditions contrib	CICANT CONDITIONS outing to the death but not ase or condition causing deat	h.			
19a. DATE OF OPE	ERATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT	(STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	COUR?	
22. I hereby cer	tify that I attended the	e deceased from 11/29/	, 19.49., to5/26	/, 1951, that I last	t saw the deceased
alive on 5/2 SIGNATURE	26/ 19.51, an	d that death occurred at(ADDRESS from the	ne causes and on the date	stated above. DATE SIGNED
acob H	mocuse	- M. Y.		,	
23. BURIAL, CREM REMOVAL (Spe		957 Or britis	nemorical Y	LOCATION (City, 1 wn, or co	ounty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	TOR	ADDRESS
5/20	151 9 W	redució Tal	M Willian	25/5/me El	derry 1x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

1)4494

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH. A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If subside corporate limits, write RURA) and CR give carest town (in this place)	CITY (II buside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIGHT ROCK	STREET (If rund, give location)
3. NAME OF DECEASED (Type or Print) (Great) T (Middle)	(Last) (Last) (Month) (Pay) (Year) (Par) (Par) (Par) (Par)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9. AGE last birthday If un er 1 year If under 24 hrs. Apr. 8. 1883 68 yrs. If under 24 hrs. Mon hs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY At home	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
William Henry Clark	Harriett Griffith
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
no service) none	Mr. John F. Clark - Ridge Rd. Hanover, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b), attended to the conditions of the conditi	E. Cordio-Vrs. Diserse Interval Between ONSET AND DEATH 2 yr.
93 & giving rise to the above cause stating the underlying cause last (c)	18 ly.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at (Degree or title)	m., from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify) Burial 5/3/51 WAME OF CEMETER Glen Haven	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE RECT BY LOCAL REGISTRAR'S SIGNATURE REG. S S S S S S S S S S S S S S S S S S S	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
	11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	H •	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECI	EASED. COUNT	Y A A	
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpora	ate limite, write R		ve nearest town	1)
HOSPITAL OR INSTITUTION O' STREET ADDRE	Cold Annape R 2802 Delawa	re Ave.	STREET		ve location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	ALICE	LORENZ	COCKERILL	OF DEATH	May	17	19 5
female	6. COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Wld OWed	S. DATE OF BIRTH Apr. 29, 1869	9. AGE last hirth	day If under Months	Days Hours	er 24 hra.
10a. USUAL OCCUP done during most of v	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business on Industry at home	11. BIRTHPLACE (State o			2. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME			
	Pritchard		?	Shores			
	VER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND	ADDRESS			
no	service)	no no	Mr. Howard M.	Cockeril	1- 2802	Delawar	e Ave
		18. MEDICAL CE					
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BE	DEATH
		m	090-			10	D
Immediat	e cause (a)	regocarcua	e orifareti	no	*** *** *** * * * * * * * * * * * * * *	6 de	you
73 Diseases or	nt cause(s) conditions, if any, (b)	Myocarcha Mitral St	inoses .	· was 9999 s s orde s thanks paper paper or so	90 00 si errandrismanaga s . eq.e	2 2	is.
92 & stating the u	inderlying cause last (c)	Hypertensin	e Cardin C	ascular	Disea	3	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h. ~					
		INDINGS OF OPERATION				20. AUTOP	SY?
		-				Yes 🗆	No [
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
22. I hereby certi	ify that I attended the	deceased from Sept	, 1948, to May	7., 1957, tl	hat I last s	saw the dece	ased
alive on Mu	cu 16 1957 an	d that death occurred at	5:15Am from the	causes and on	the date at	atad ahova	
SIGNATURE	10000	(Degree or title)	ADDRESS	a O	one date se	DATE SIG	
John	J. P. Urlock,	Ju ma	Balling 30	yten ste	id	5-18	.51
23. BURIAL, CREM. REMOVAL (Spec BURLA)	ily) 5/21/5	l Meadowr	idnel	Howard (ate)
DATE HEC'D BY	LOCAL REGISTRAR'S	SIGNATURE Level	22 FUNERAL DIRECTO	Jener V	Sars-	ADDRESS) 1
17/		Don				110	THE

correct

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL	EXAMINERS	Reg. Dist. No.
I. PLACE OF DEATH- COUNTY Grand Grandel MARYLAND	2. USUAL RESIDENCE (HOME) OF D	ECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest fown)	CITY (If outside corporate limits, write OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poute 2.	STREET (If rurs	I, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Benfamin	Cale 4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SHAGEE, MARRIED. WIDOWED DIVORCED! (Specify) Married	8. DATE OF BIRTH 9. AGE last b	irthday If under I year If under 24 h Months Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry	11. BIRTHPLACE (State or foreign count	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	?
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give watt or dates of service)	17. INFORMANT AND ADDRESS	rife)
18. MEDICAL CE	RTIPICATION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
Immediate cause (a) / Durno - a	cliver body as	
8/6,5 Antecedent cause(s) Diseases or conditions, if eny, (b)	links find f	ace. Kudden
170 C giving rise to the above ceuse stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deeth.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN)	AA (COUNTY) (STATE)
CAUSE OF DEATH. OF office fide, etc. 2	P.O. millerior	lle a.a. md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 5/5/5/- 2 A.m. Work United work to the work to the control of the c	HOW DID INJURY OCCUR?	omabile)
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or, Inquiry, find that said dece		
from: natural causes , accident suicide , homicide , siGNATURE (Degree or title)	undetermined	
1 VD , h accentant	minis - Glerd Buss	ie, Jud. 5/5/5
23 THE PARTY OF CEMETE STORY OF CEMETE STORY OF CEMETE		State) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG	24. PUNERAL DIRECTOR	- 9/8 _ADDRESS
	10 11 11-0	111 10.01.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

A . A. earest town) Oay) (Year) 7 19-57 Sar Hours Min. Stritzen of What NYRYR OF WHAT
Day) (Year) 7 19-57 Par If under 24 hri ays Hours Min.
2 1957 par If under 24 hrs ays Hours Min.
ar If under 24 hr Hours Min.
Hours Min.
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ress me
NTERVAL BETWEEN ONSET AND DEATH
medda.
Contract of the second
u. He
au wan
O. AUTOPSY?
Yes 🗆 No 💆
(STATE)
ON CO



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04498

COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY AND STATE Maryland	ne Arundel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (II outside corporate limits, write RURAL and give n	earest town) .
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Jail	STREET (If rural, give location) ADDRESS 15 Hyde St.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) MARK WELLS	DANTETS DEATHMAN 8 1951	19
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		ear If under 24 brs ays Hours Min.
done during most of working life, even if retired Inpustry	11: BIRTIPLACE (State or foreign country) 12. C	CITIZEN OF WHAT
13. FATHER'S NAMEBOVER Daniels	14. MOTHER'S MAIDEN NAME Ask Kyown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Neervice)	Mrs. Lena Ritchie 15 Hyde St.	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Fatty liver	In	NTERVAL BETWEEN NSET AND DEATE
Antecedent cause(8) Diseases or conditions, If any, giving rise to the shove cause stating the underlying cause last 1241 (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 2	O. AUTOPSY?
DATE OF OF BRATION		
at HVMNDVAY CAVON WAS BUILDING		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office hldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decerors natural causes accident , suicide , homicide , significant said that said decerors natural causes . (Degree or title)	used died on the day stated above, and death in my open undetermined [].	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PROPERTY STARTS AND ASSESSED ASSE	RY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL, DIRECTOR 1/11 St. Paul	ADDRESS
-5		

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

04499

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Ann					
COUNTY Ann	н.		2. USUAL RESIDENCE (I		
	e Arundel	MARYLAND	STATE		UNTY
	corporate limits, write RUR.		STATE	AI.	me Arundel
OR give nearest	(cours)	aL and LENGTH OF STAY	OR (If outside corpor	ate ilmits, write RURAL a	nd give nearest town)
TOWN	Annapolis	(in this place)	TOWN Seve:	rn. (Rural)	
HOSPITAL OR	111111111111111111111111111111111111111	- CO D	STREET		
VATCIMUM TIME ONE O	R	7 0 7 77	A D D D mag	(If rural, give locati	on)
STREET ADDRE	ss anne arunde	l General Hosp	Tele	graph Road.	
3. NAME OF					
DECEASED	(First)	(Middle)	(Last)	4. DATE (Month	, , , , , , , , , , , , , , , , , , , ,
(Type or Print)	Mary	J.	Foster	DEATH MAY	29 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		-J 1971
J. SEA	W. COLOR OR RACE	WIDOWED DIVORCED	8. DATE OF BIRTH	9. AGE last birthday II t	under 1 year If under 24 hra
Female	White	WIDOWED DIVORCED, (Specify) MATTIED	June 21, 1876	74 yrs. MC	onths Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		1 12 Crements on William
done during most of v	working life, even if retired)	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
housew	vorking life, even if retired)	Own Home	Howard Count	v. Md.	U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	0.0.
11			The brother bear bear bear	244814832	
1/nK	nown		Unknow	アカ	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
	(If yes, give war or dates of	of			- 3
NO	service)	None	Lyle Foster:	Severn, N	Id.
		18. MEDICAL CE	RTIFICATION		
		101 WILLIAM OL			INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	(-)	arterioslero	Talle Man		1/2 200
Immediat	e cause (a)		Doco		
420,1					
	nt cause(s)	anterias. One	6) Carolina	and One de all me	
Diseases or	conditions, if any, (b)	war or war o	116 6000000	, account acts	(2 72)
42 giving rise t	o the above cause underlying cause last				
stating the	inderlying cause last				
	(-)				
	(c)				- 1
II. OTHER SIGNIF					- 4
Conditions contribu	ICANT CONDITIONS uting to the death but not				
Conditions contribu	CANT CONDITIONS	h.			
Conditions contributed to the disease	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. INDINGS OF OPERATION			1 20. AUTOPSY?
Conditions contributed to the disease	ICANT CONDITIONS uting to the death but not use or condition causing deat				20. AUTOPSY?
Conditions contributed to the disease	ICANT CONDITIONS uting to the death but not use or condition causing deat				
Conditions contributed to the disease 19a. DATE OF OPE	CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR I	INDINGS OF OPERATION CE (Home, farm, factory, street,	: (CITY OR T	OWN) (COIII	Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE	CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F (Specify) PLAI	INDINGS OF OPERATION CE (Home, larm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COU	Yes 🗆 No 🔁
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE	CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F (Specify) PLAI OF INJU	YNDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY			Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month)	(CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F (Specify) PLACOF INJU	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED	(CITY OR T		Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF	(Specify) (Day) (Year) (Hour)	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) (RY UNJURY OCCURRED While at Not While			Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month)	CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F (Specify) PLAI OF INJU	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED			Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) (Specify) (Day) (Year) (CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F	CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) (Specify) (Day) (Year) (CANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR F	CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	Yes No Q
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) (Day) (Year) (Hour) ify that I attended the	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work	How did injury occ, 19.57, to 5/2 9	, 19.57, that I la	Yes No No NTY) (STATE) ast saw the deceased
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) (Day) (Year) (Hour) ify that I attended the	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work	How did injury occ, 19.57, to 5/2 9	, 19.57, that I la	Yes No No NTY) (STATE)
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) (Day) (Year) (Hour) ify that I attended the	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work	How did injury occ, 19.57, to 5/2 9	, 19.57, that I la	Yes No No NTY) (STATE) ast saw the deceased te stated above.
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) (Day) (Year) (Hour) ify that I attended the	CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	How did injury occ, 19.57, to 5/2 9	, 19.57, that I la	Yes No No NTY) (STATE)
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) PLACOF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title)	HOW DID INJURY OCC, 19.57, to \$7/2 9	, 19.57, that I la	Yes No No NTY) (STATE) ast saw the deceased te stated above.
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	(Specify) PLACOF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title)	HOW DID INJURY OCC, 19.57, to \$7/2 9	, 19.57, that I la	Yes No QATE) Yes No QATE NTY) (STATE) ast saw the deceased te stated above. DATE SIGNED
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE:	(Specify) PLA(OF INJU (Day) (Year) (Hour) m.	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at 'Not While Work At work e deceased from 5./2.7. d that death occurred at (Degree or title)	HOW DID INJURY OCH 19.57, to \$/2.9 12.13 P.m., from the ADDRESS Way olio M	causes and on the da	ast saw the deceased te stated above. DATE SIGNED
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE:	(Specify) PLA(OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE	HOW DID INJURY OCH 19.57, to \$/2.9 12.13 P.m., from the ADDRESS Way olio M	causes and on the day	ast saw the deceased te stated above. DATE SIGNED TO STATE Output (State)
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE:	(Specify) PLA(OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE	HOW DID INJURY OCCUPANTION TO SIZE OF CREMATORY I	causes and on the day	ast saw the deceased te stated above. DATE SIGNED TO STATE Output (State)
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE: 23. BURIAL, CREM REMOVAL (Spec DUIT 1 a 1	(Specify) PLACOR (Specify) PLACOR (Marie Marie M	INDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE 1954 Glen Ha	HOW DID INJURY OCCUPANTIAL TO SALES MAN OR CREMATORY LEVEN	causes and on the day	ast saw the deceased te stated above. DATE SIGNED County) (State) Md.
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cortained alive on SIGNATURE 23. BURIAL, CREM REMOVAL (Specific Port of the Control of the Contro	(Specify) PLACOR (Specify) PLACOR (Marie Marie M	INDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE 1954 Glen Ha	HOW DID INJURY OCCUPANTIAL PROPERTY OF CREMATORY INVENT	causes and on the day CATION (City, town, or Glen Burnie	ast saw the deceased te stated above. DATE SIGNED County) (State) ADDRESS
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE: 23. BURIAL, CREM REMOVAL (Spec DUIT 1 a 1	(Specify) PLACOR (Specify) PLACOR (Marie Marie M	INDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE 1954 Glen Ha	HOW DID INJURY OCCUPANTIAL PROPERTY OF CREMATORY INVENT	causes and on the day CATION (City, town, or Glen Burnie	ast saw the deceased te stated above. DATE SIGNED County) (State) ADDRESS
Conditions contributed to the dises 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cortained alive on SIGNATURE 23. BURIAL, CREM REMOVAL (Specific Port of the Control of the Contro	(Specify) PLACOR (Specify) PLACOR (Marie Marie M	INDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 5./2.7. d that death occurred at (Degree or title) NAME OF CEMETE 1954 Glen Ha	HOW DID INJURY OCCUPANTIAL PROPERTY OF CREMATORY INVENT	causes and on the day	ast saw the deceased te stated above. DATE SIGNED County) (State) ADDRESS

S. W. CALLEGE BENEAU STATE OF STATE OF

S. V. LANTER BELLE SELLEN

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

I. PLACE OF DEAT	н.		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne	Arundel	MARYLAND	STATE	land Anne Ar	Thdel
CITY (Il outside e	orporate limits, write RUR	AL and LENGTH OF STAY		rate limits, write RURAL and	
OR give nearest	nnapolis	(in this place)			All the same
HOSPITAL OR	maporra		STREET WOOMS	Creek (If rural, give location)	
INSTITUTION OF	R Anne Arundel	General	ADDRESS RFD	# 4 Box 904	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	George W	ashington Fowl	er	DEATH May 30,	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If unde	r I year IIf under 24 hrs
Male.	White	WIDOWED, DIVORCED,	May 29, 1951	OO yra, Month	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	The state of the s	12. CITIZEN OF WHAT
done during most of v	vorking life, even if retired)	INDUSTRY	A	Manufand	COUNTRY?
None 13. FATHER'S NAM	E	None	Annapolis,	JNAME	USA
David L	ee Fouler ver In U.S. Armed Forces	7 16. SOCIAL SECURITY NO.	Gertrude Sko	CK	
	(If yes, give war or dates service)		III. INFORMANT AND	ADDICESS	
No	(Bervice)	None 18. MEDICAL CE	David L. For	ler RFD # 4 An	napolis, Md
		18. MEDICAL CE	RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		leve to F	5		Turch
Immediat	e cause (a)	- Telling	7		
762.5 Anteceder	nt cause(s)	aletacko			
Diseases or	conditions, if any, (b)	allecto	w.	***************************************	1 day
	o the above cause inderlying cause last				
1) scatting the c	(c)				
II. OTHER SIGNIF	CANT CONDITIONS				1
Conditions contribu	uting to the death but not				
	DATION 19h MAIOR	FINDINGS OF OPERATION			20. AUTOPSY?
198. DATE OF OFE	TON MAJOR	INDINGS OF OFEREION			1
at Acceptain	(2- V-) DIA	CD /II	· · · · · · · · · · · · · · · · · · ·	ECHINI. (COMMI	Yes No (STATE)
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	
HOMICIDE	ITNITI				(SIRIE)
		JRY			(SIAIE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?	(SIALE)
TIME (Month) OF INJURY			HOW DID INJURY OC	COURT	(SIRIE)
OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work			
OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While			
OF INJURY 22. I hereby cert	(Day) (Year) (Hour) m. ify that I attended th	INJURY OCCURRED While at Not While Work At work	9, 1951 , to may	30, 1957, that I last	saw the deceased
22. I hereby cert	(Day) (Year) (Hour) m. ify that I attended th	INJURY OCCURRED While at Not While Work At work	9, 1951 , to may	30, 1957, that I last	saw the deceased
OF INJURY 22. I hereby cert	(Day) (Year) (Hour) m. ify that I attended th	INJURY OCCURRED While at Not While Work At work	9, 1951, to may	causes and on the date s	saw the deceased
22. I hereby cert alive on	ify that I attended th	injury occurred while at Not While Work At work e deceased from May d that death occurred at (Degree or title)	9, 1951, to May 5 p. m., from the ADDRESS	causes and on the date s	saw the deceased stated above. DATE SIGNED
22. I hereby cert alive on	ify that I attended th	injury occurred while at Not While Work At work e deceased from May d that death occurred at (Degree or title)	9, 1951, to May 5 p. m., from the ADDRESS	causes and on the date s	saw the deceased stated above. DATE SIGNED
22. I hereby cert	ify that I attended the state of the state o	e deceased from May ? d that death occurred at (Degree or title) NAME OF CEMETE	9, 1957, to May 5 P. m., from the ADDRESS AMPLE RY OR OKEMATORY	causes and on the date s	saw the deceased stated above. DATE SIGNED
22. I hereby cert alive on	ify that I attended the state of the state o	e deceased from May 2 d that death occurred at (Degree or title) NAME OF CEMETE Cedar Bluff	9, 1957, to May 5 P. m., from the ADDRESS AMPLE RY OR OKEMATORY	causes and on the date a	saw the deceased stated above. DATE SIGNED
22. I hereby cert alive on	ify that I attended the state of the state o	e deceased from May 2 d that death occurred at (Degree or title) NAME OF CEMETE Cedar Bluff	7, 19, to	causes and on the date s LOCATION (City, town, or cou Annapolis, Md.	saw the deceased stated above. DATE SIGNED 5. 3.0.5
22. I hereby cert alive on	ify that I attended the state of the state o	e deceased from May 2 d that death occurred at (Degree or title) NAME OF CEMETE Cedar Bluff	7, 1951, to May 5 D	causes and on the date s LOCATION (City, town, or cou Annapolis, Md.	saw the deceased stated above. DATE SIGNED 5. 3.0.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care, is especially important. Physicians: please write the causes of death clearly and legi MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in failts give residence of mother)
County AMOVER MA	State Nd. County A-A Co.
City or fown life outside city or town limits, write RURAL and give nearest town)	A = A(4) co M A
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
	Sfreet No. NUYSE V COATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Galloway. 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Temale C Married.	20. DATE OF DEATH. 1844 14, 19.5 (at 3 am m
8.(b) Name of husband or wife Samuel Galloway.	21. I CERTIFY that death occurred on the date above stated; that sattended deceased from
	19 19 10 ff 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) August 26, 186 %	and that I last saw Addinalive on Adding and the I last saw and the I
8. AGE: Years Months Days If less than one day	Immediate cause of death
82 91mos,min.	(Winder) all weld
9. Birthplace Charles County Md	Due to.
1D. Usual occupation	
11. Industry or business	Due to.
12. Name Frank Watts. 13. Birthpiace Charles Co. Md.	Other conditions
	92d (linelude pregnancy within 8 months of death)
置 14. Malden name Martha?	(linelude pregnancy within 3 months of death)
14. Malden name Martha? 15. Birthpiace Charles Co. Md.	Major findings of operations
16. Informant Samuel Galloway.	Antoney results.
Address Nunsany Road Hangrer Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Pale thereof 5/17/1951	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Harmmans III d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs. Katele K-Williams	Means of Injury injured at work?
Address 322 N. Schroeder St.	Haral Mark Se
5/16/5	23. SIGNATURE M. D. or other
19. (Dato ree'd by registrar) Registrar	Address Date signed 15 121

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

	Reg. Dist. No) <i>⊆ I</i>
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne Arundel MARYLAND	New York COUNTY	Jefferson
CITY (If outside corporate limits write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	DELICISUII
OR give nearest town) TOWN Ft. Geo. G. Meade (in this place)	OR Natural Bridge	e nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 2101-1 U.S. ARMY HOSPITAL	ADDRESS	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Willard Nelson	Gould OF May	29 19 51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Single	27 July 1930 20 ym. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) Inpustry	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Soldier U. S. ARMY	New York	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war, or dates of	17. INFORMANT AND ADDRESS	
Yes service) 1951	Personnel Section. Fort Myer.	Virginia
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
137 . 1 . 1	2.14.	
35.4 Immediate cause (a) Electrocution by	lightning	45 Min.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
92 giving rise to the above cause stating the underlying cause last		
(c)		
1. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or coodition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE Accident INJURY Bifle Range	Fort Geo. G. Meade Anne A	rundel Md.
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR? Deceased was	st.mick by
OF INJURYMAY 29 1951 1300 While at Work Not While At work	lightning while on rifle range.	our aon og
22. I hereby certify that I attended the deceased from 29 May	, 19.51., to29. May, 1951, that I last se	w the deceased
alive on29May, 1051, and that death occurred at1	ADDRESS	ted above. DATE SIGNED
	Army Hospital	DATE SIGNED
	Geo. G. Meade. Md. 2	9 May 1951
23. BURIAL CREMATION DATE THEREOF I NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) Removal 29 May 1951 Unknown	Unknown	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5 June 1951 PAUL W. MITCHELL 1st Lt MSC	Lilly & Zieler, Inc., Baltimore	. Md.
	the state of the s	1000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15

BUREAU V. S.

white i

2411 N. Charles Street, Baltimore

04503

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (I		ED. COUNTY	
CITY (If outside corporate limits, write RUR OR give nearest town) Jessups		CITY (If outside corporations Baltime	ate limits, write RURA	AL and give ne	earest town)
HOSPITAL OR	ips, Maryband	STREET ADDRESS 1525	Vine Stre	ocation)	./
3. NAME OF (First)	(Middle)	(Last)] 4. DATE (M	onth) (D	
(Type or Print) William	G:	rayson	DEATH ME	y 2	(Year) (Year) 1951
5. SEX 6. COLOR OR RACE Colored	7_SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9-14-14	9. AGE last birthday	If under 1 yes Months Day	ar If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during cost of working life, even if retired)		Baltimore, M	r foreign country)	12. Cr Cour	TIZEN OF WHAT
13. FATHER'S NAME Unknown		Unknown	NAME		
15. Was Decrased Ever In U.S. Armed Forces	17 16. SOCIAL SECURITY NO.	17 INFORMANT			
(Yes, no, or unknown) (If yes, give war or dates	of	17. INFORMANT AND	So inls	10-20	- Vine St.
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			IN Or	TERVAL BETWEEN NSET AND DEATE
Immediate cause (a)	Exhaustion			·	0 0 0 00 00 0000 0000 0000000000000000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Metastatic ca: & lungs.	rcinoma liver	,stomach		
46× (c)	Carcinoma, las	rge intestine			1 year
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 	th.				
19a. DATE OF OPERATION 19b. MAJOR 1	FINDINGS OF OPERATION			1 20	AUTOPSY?
June 21,1950 Tumor. 21. ACCIDENT (Specify) PLA OF HOMICIDE INJ	maligant of CE (Home, farm, factory, street, office hidg., etc.)	large bowel component	obst		Yes 🗆 No 🕱
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
22. I hereby certify that I attended the alive on May, 25.,, 19.51 and	d that death occurred at	.5:25Am., from the			
John A. Clark, M.D.	Physcian in Ch	ADDRESS			PATE SIGNED
21. BURIAL, CREMATION DATE THERE SEEMOVAL (SPECIES)	51 M/t. auc	RY OR CREMATORY L	OCATION (City, town	n, or county)	Mars (State)
DATE REC'D BY LOCAL RIGISTRAR'S REG.	Hedrice	24. FUNERAL DIRECTO	illiams 1	Selia	DDRESS 322/
	VUT	() () () () () () () () () () () () () (2 2 6	46

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH (14504

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Arendel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	•
OR (If outside corporate limits, write RURAL and LENGTH OF STAY OR (In this piace).	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2	STREET (If rural, give location) ADDRESS 420 - N. Mound &.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Row Prudence	Harley 4. DATE (Month) OF DEATH May	(Day) (Year) 5 1957
5. SEX FEMALE 6. COLOR OR RACE 7. SINGLE, MARRIED, FUNDE Colores, (Specify) Married	1 /1/34/38 22 yrs.	year If under 24 hrs Days Hours Min.
done during most of working life, even if retired) IOD. KIND OF BUSINESS OR INDUSTRY	Baltimone, Ind.	COUNTRYTY, S. 4.
Learges B. Hailey	14. MOTHER'S MAIDEN NAME	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 220-20-6603	I Georges D. Hailey - 576 st. ma	efferen.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2	ONBET AND DEATH
Immediate cause (a) Multiple 1	sures septen hody	
8/6.5 Antecedent cause(s) Disease nr conditions. if any, giving rise to the above cause stating the underlying cause last	d face / A	Adew.
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 EVENDVAL CAUGO WAG A DVAGE (II)		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	melleralle a. 6.	my.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work	autornafile Callision)
22. I certify that I took chorge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: notural couses , accident, suicide , homicide ,	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	4 /
DATE REC'D BY/LOCAL REGISTRAR'S SIGNATURE - /	124. FUNERALDIRECTOR.	ADDRESS
REG-12/51 / No. Hedrich	Joseph adwely 66 1 West Ba	nest
- Jm. /		0 m 987

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

63308

		CERTIFICAT	E OF DEAT	П	Reg. Dist. No	
I. PLACE OF DEATH			2. USUAL RESIDENCE (
An	ine Arundel	MARYLAND	Mary	Land	Balthy	
OR givo nearest	orporate limits, write RUR town) OWNSVILLE	LENGTH OF STAY	OR Baltime	nte limits, write ore City	RURAL and giv	e nearest town)
HOSPITAL OR	D	State Hospital	STREET ADDRESS 415 1		give location) ton Stree	et /
3. NAME OF DECEASED (Type or Print)	(First) George	(Middle)	(Last) Hammond	4. DATE OF DEATH	(Month)	(Day) (Year) 29 195
Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DISORCED (Specify)	Jan.4.1905	9. AGE 10-t hi	thday If under Months	year If under 24 hr Days Hours Min
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign countr	y) 12	CITIZEN OF WHAT
done dintal most of a	vorking life, even if retired)	Box Factory	Baltimore		17.	COUNTRY? ?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		
Ge	arre Hammon	4	Emma Walke	ייי		
15. WAS DECRASED E	Borge Hammond	? 16. SOCIAL SECURITY No.	17. INFORMANT AND			
(Yes, no, or unknown)	(If yes, give war or dates of service)	of	Hospital Red	cords		
1000-		18. MEDICAL CE		,0140		1
INDISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
		Cerebral Hemorrha	ge		Known to	us since
2 31X Immediate	e cause (a)		O		8/1/49	
Anteceder	nt cause(s)				-/-/-/	797
Diseases or e	conditions, if any, (b)		***** *********************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		** ** ** * ** ** ** *** ***************
stating the u	nderlying cause last					79,785
	(e)					
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS uting to the death hut not se or condition causing deat RATION 19b. MAJOR	h. Hemiplegia				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No E
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown)	(COUNTY)	(STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY -	m.	While at Not While Work At work		-		
22. I hereby certi	ify that I attended the	e deceased from 8/1	, 19. 49, to	/29, 19.51	that I last sa	w the deceased
SIGNATURE	, 19, an	d that death occurred at	ADDRESS	causes and	on the date sta	DATE SIGNED
O SIGNALOWAY	+	(.)				
upolit	Dougelle		Crownsville, Ma			5/29/51
23. BURIAL, CREM. REMOVAL (Spec	ATION PATE THERE		RY OR CREMATORY	D-7+0	ty, town, or count	y) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	N. WINERAL DIRECTO	R BELLO	- M.Q	ADDRESS
REG.	51 a	a Hedrion	Elroy O. Wi.	Leon 100	00 Brant	Ly Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please with the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04506

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
MARYLAND MARYLAND	all terrey	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Analysis (in this place) TOWN	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval academy Daisy	STREET (If rural, give location) ADDRESS 7 9 9 Keeney A V &	- /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF DEATH Way	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DEPONSED, (Specify) W Lange	8. DATE OF BIRTH 9. AGE last birthday If under Months	190 / 1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or one during most of working life, even if retired) Industry Consults Sales Congress United Consults	11/ BIRTHPLACE (State or foreign/country) 12	CITIZEN OF WHAT COUNTRY! S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	14.4.11.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 152-05-5362)	M. INFORMANT AND ADDRESS Miss alice C. Hay many he	mesells und
18. MEDICAL CE		70-7.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) In clear Son.	refferency	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause isst		8. years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes II No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4, 2, alive on 5, 4, and that death occurred at (Degree or title)	195/, to 5/4/5/, 19, that I last se	
	RY OR CREMATORY LOCATION (City, town, or count	5/7/5/ (State)
REMOVAL (Specify) 5-8-5/ DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	Coun
186. 7 1937 M. Ty	John My Lugler Son an	napoli
	049.5	1 ml.



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7:

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	RE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Crownsville LENGTH OF STAY (in this place) 1 mos. 5 day	TOWN Baltimore	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital (Middle)	STREET ADDRESS 518 N. Gilmore Street	/
(Type or Print) John	Month (14/6 GIVS) OF THE MONTH 5/21/51	(Day) (Year) 19
male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	not known 50(?) yrs.	Days Hours Min.
done drift most of Eugine life, even if retired) 10b. Kind of Business on Industry none	not known	CITIZEN OF WHAT
13. FATHER'S NAME not known	14. MOTHER'S MAIDEN NAME not known	•
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) 141 yes, give war, or dates of	17. INFORMANT AND ADDRESS Hospital Records	
18. MEDICAL CI	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Meningioma	known	rince
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	4/	16/51
56 d giving rise to the above cause last (c)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
,	none	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) none How DID INJURY OCCUR?	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work	How bid injury occur?	
22. Thereby certify that I attended the deceased from 4/16/5 alive on 5/21/51 19 and that death occurred at	1., 19, to 5/21/51, 19, that I last sa 1935 A.M	
SIGNATURE Crowns	ville, Md. 5/21	/51
REMOVAL Specify 5/5/5/1 MC, Ha	ERT OR CREMATORY LOCATION (City, town of bount	ma.
REG. 5-y 3 REGISTRAR'S SIGNATURE.	24. FUNERAL DIRECTOR - 9	ADDRESS
· · · · · · · · · · · · · · ·	heried Hill an	e1053116

04508

CERTIFICATE OF DEATH

490687

FOR MEDICAL	EXAMINERS	Reg. Dist.	No
1. PLACE OF DEATH- COUNTY AND HRUNDEL MARYLAND	2. USUAL RESIDENCE (HOSTATE DE DE	COUN	A. A.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN ANNAPOLIS LENGTH OF STAY (In this place)	TOWN PINES	e limits, write RURAL and	give nearest town) VERN
HOSPITAL OR INSTITUTION OR STREET ADDRESS POLICE STATION HOUSE	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) WILLIAM JOSEPH	HOLLINDE	4. DATE (Month) OF DEATH 5	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		AGE last birthday If und Mont	
10a USUAL OCCUPATION (Give kind of work doke during most of working life even if retired) ADD STATES OF BUSINESS OR LINDUSTRY HEATING FORT	PORT TICHMON		12. CITIZEN OF WHAT
WILLIAM E. HOLLINDE	ELLA A.	NAGEE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	BAYMOND HOLLI	(75000000000000000000000000000000000000	
IR. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		•	ONSET AND DEATH
Durch	ide by hang	· UAC	
Immediate cause (a)	ac of our		
Antecedent cause(s)	, ,	0	
Diseases or conditions, if any, (b)			***************************************
1640 stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			A A A VIEW O DOOM S
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21 EVENDALA CAUGE WAS INLOW IN THE	(CITY OR TO	OWN) (COUN'	Yes No (STATE)
PRIMARY OR CONTRIBUTING OF ORIGINAL PLACE (Hyme, farm factory, street, OF or or DEATH.	Hmaples	A.A.	Mr.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY May 12 1951 9 m. While at work	neck in lunap	ly City fail	asset of
22. I certify that I took chorge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection, , eased died on the day stated	Inquiry _ thereon are tabore, and death in m	nd from the evidence
from: natural gauses , accident , suicide , homicide ,	undetermined		DATE SIGNED
Let Ill Vall in il and & main	ausnin. Arun	apriles Md	5/13/51.
23. BURIAL, CHAMPERS DATE THEREOF NAME OF CEMETE GENOVAL (Specify) 5-/3.1954 GCFAN VIE		ORT. RICH MON	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SGNATURE REG.	24. FUNERAL DIRECTOR		ADDRESS
- 3/4 /3/1 / Western	yrum My. Vcy	m. non Am	naprie
///	//		Ma.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cofrect against expecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

- 3 · 1 =

The effrect age

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04509

COUNTY COUNTY	2. USUAC RESIDENCE (HOME) OF DECEASED COUNTY	A S
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RIRAL and give OR TOWN	e dearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) (Type or Print)	Homes 4. DATE (Month) OF DEATH NEW	(Day) (Year) 2/17 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) marking	MATE OF BIRTH 9. AGE last birthday IChder Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	A. A. Co Ind.	COUNTRY?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME LITY PORMANT AND ADDRESS	
(Yem. no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CE	Clarence Homes Frhiendle	clif mos
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN
Immediate cause (a)	lepy	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ndis Visula Deserve	2 yls.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition gausing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF OF Office bldg., etc.) INJURY	(CITY OR TOWN) , (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/26		
signature of the state of the s	Harhwel Shar Junspul pl	DATE SIGNED
REMARKATION MELL 31 1950 MOSER (emetary Batto	mel
MOLI 31, 1951	24. FUNERAL DIRECTOR	ADDRESS
Dephull Nog	720836	I mal.

BUREAU W. S.

The correct age

MARGIN RESERVED FOR BINDING

PLEASE/WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

04510

970917

FOR MEDICA	L EXAMINERS Reg. Dist. No.	0. 2/
I. PLACE OF DEATH. COUNTY HOWARD ANNE ARUWAY DAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	ne Arundel
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glen Burnie Life	CITY (If outside corporate limits, write RURAL and give TOWN Glen Burnie	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Meade Dispensary	STREET (If rural, give location) ADDRESS Marley Neck Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) TOHN	(Last) 4. DATE (Month)	(Day) (Year)
(Type of Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) (Arried)	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 bra Days Hours Min.
done during most of working life, even if retired INDUSTRY Road C	11. BIRTHPLACE (State or foreign country) 112	COUNTRY?
13. FATHER'S NAME	Sarah Jane Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes. give war or dates of service) 8.7 #	Theador Howard, Marley Neck Rd.	Maryland . Glen Burni
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
Antecedent cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY GRONTRIBUTING OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Mnnth) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while Nnt work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec from: natural causes accident , suicide , homicide SIGNATURE. (Degree or title)	eased died on the day stated above, and death in my undetermined	DATE SIGNED
23. BURIAL CRIMATION DATE THEREOF NAME OF CEMETE BUTIAL (Specify) 5/29/1951 Baltimore	Fleet St. Balto 2 Maryland Mary or country or crematory Location (City, town, or country National Baltimore City	3 26, (State) 1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/28/51 a w Hedrich	24 FUNERAL DIRECTOR Elroy O. Wilson IOOO Brant	ADDRESS Ly Av

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correct

The

MARYLAND STATE DEPARTMENT OF HEALTH

04511

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

le le	A	
	1. PLACE OF DECHI- COUNTY HIM HTMIND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY A
efully gibly.	CITY (If outside carporage limits, wrise RURAL and LENGTH OF STAY OR give nearest lown (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
and le	HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharty tryn section	ADDRESS Shanty love Section
matio	3. NAME OF DECEASED (First) (Middle) (Type or Print) TREGORY TEXTER	(Last) 4./DATE (Month) (Day) (Year) OF DEATH MAY 18 195)
infor th cle	5. SEX Thate 6. COLOR OR RACE 7. SINCLE TRANSPORTED, (Specify)	8. DATE OF BIRTH Dec 2 1949 9. AGE last birthday if under I year Months Days Hours Min.
im of	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry Industry Industry	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Supply every item of information carefully write the causes of death clearly and legibly.	ORVEILE HUHON	Betty Tonque
y eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Betty Touque, Italesulle Md.
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
WITH UNFADING INK. mportant. Physicians: please	9/6, Antecedent cause(s) Diseases or conditions, if any, (b) /81. De or	res Burns.
ADIN	giving rise to the above cause stating the underlying cause last	
CNF.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No } \t
a 7 pm	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING DEATH. OF office hldr. at the cause of DEATH.	Salesville A.A. Md
eciall	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Mork at work	How DID INJURY OCCUR!
WRITE PLAINLY is especially	22. I certify that took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and from the evidence eased died on the day stated above, and death in my opinion resulted
RIT	from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	, undetermined ADDRESS DATE SIGNED
S E	23. BURIAL C. DATE THEREOF NAME OF CEMETE	
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNAPURE	24. FUNERAL DIRECTOR, ADDRESS
1	REGULARY 19-1954 Des half	+ J. a. Staidley + Son Salvolle M.

7. 2 % WAY ST 195 Item 21 Film G133 6/6/51 w.w. MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

27 Reg. Dist. No.

1. PLACE OF DEATH- COUNTY			
	2. USUAL RESIDENCE (I		v
Anne Arundel MARYLAND	Virgini	a Spots	y lvania
OR give nearest town (in this place)		te limits, write RURAL and gi	ve nearest town)
OR givo nearest town) TOWN ft. Geo. G. Meade 2 hrs	TOWN Frederi	cksburg	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural, give location)	
STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL	Unknown		V
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Emma Morrow	Jensen	DEATH May	12 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday Munder	I year If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) arried	24 Aug 1926	2 4 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country) 13	2. CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY Restaurant	Indiana		COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Unknown	Unknown		
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS CO E	. 2d Bno3d
(Yea, no, or unknown) (If yes, give war or dates of Unknown	Pvt. Harley W	. Jensen (H)FGCM	, 2d Bncad.
18. MEDICAL CE	RTIFICATION	TIGOM	1 100
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
			ONSET AND DEATH
Immediate cause (a) acute Phenol	orsoning.		2 hrs.
1 mineutate tauso		**************************************	1 100 000 74 00 00 000 0 000 0 000 0 000 0 000 0 0 0
17/,X Antecedent cause(s)			
Diseases or conditions, if any, (b) giving rise to the above cause			
63 f stating the underlying cause last			
(e)			1,
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			-
			20. AUTOPSY?
			Yes No Ta
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR T	OWN) (COUNTY)	Yes No Ta
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NUICIDE Suicide INJURY	Laurel	Pr.Geo.	Yes No Control
HOMICIDE SUICICE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR T	Pr.Geo.	Yes No Control
HOMICIDE SUICIDE INJURY	How DID INJURY OCC	Pr.Geo.	Yes No X
HOMICIDE SUICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m, Work Mot While Work At work	How DID INJURY OCC Poison tak	Pr.Geo.	Yes No E (STATE) Md.
HOMICIDE SUICI GE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	How DID INJURY OCC Poison tak	Pr.Geo.	Yes No E (STATE) Md.
HOMICIDE Suicide INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from May 1.1.2.	How DID INJURY OCC Poison tak	Pr.Geo.	Yes No 20 (STATE) Md. 5-51 - ams) saw the deceased
HOMICIDE SUICI GE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from	How DID INJURY OCC Poison tak	Pr.Geo.	Yes No 20 (STATE) Md. 5-51 - ams) saw the deceased cated above.
HOMICIDE SUICI de INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from May 12. alive on 1951., and that death occurred at 12. SIGNATURE W. J. CAHALL. 1st. (Decree or title)	How DID INJURY OCC Poison tak , 1951., to may 1.3	Pr.Geo. en by self. (6-5, 19, that I last s causes and on the date st	Yes No 20 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED
HOMICIDE SUICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from May 1.2. alive on 12. 1951, and that death occurred at 1.1. SIGNATURE W. L. CAHALL. 1st (Degree or title)	How DID INJURY OCC Poison tak , 1951., to may 1.3	Pr.Geo. en by self. (6-5, 19, that I last s causes and on the date st	Yes No 20 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED
HOMICIDE SUICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work 22. I hereby certify that I attended the deceased from May 1.2. alive on 1.2.	How DID INJURY OCC Poison tak , 1951., to may 1.3	Pr.Geo. en by self. (6-5, 19, that I last s causes and on the date st	Yes No 20 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED
HOMICIDE SUICI CE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Mork INJURY Mork 22. I hereby certify that I attended the deceased from May 1.2. alive on 1.2., 1951, and that death occurred at 1.3. SIGNATURE W. L. CAHALL, 1st L MC M. L. CAHALL, 1st L MC 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	How DID INJURY OCC POISON tak 195/., to may (107 A.m., from the ADDRESS Mudd Amy / from The RY OR CREMATERY L	Pr. Geo. en by self. (6-5 , 19, that I last s causes and on the date st it! 15	Yes No 13 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED May /2 /95/ (State)
HOMICIDE SUICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from May 1.2. alive on 1.2., 195/, and that death occurred at 1.1. SIGNATURE W. I. CAHALL, 1st I MC W. L. CAHALL, 1st I MC 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	How DID INJURY OCC POISON tak 195/., to may (107 A.m., from the ADDRESS Mudd Amy / from The RY OR CREMATERY L	Pr. Geo. en by self. (6-5 , 19, that I last s causes and on the date st it! 15	Yes No 13 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED May /2 /95/ (State)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from May 1.2. alive on 1951, and that death occurred at 1.3 SIGNATURE W. L. CAHALL, 1st (Degree or title) M. L. CAHALL, 1st (Degree or title) M. L. CAHALL, 1st (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	How DID INJURY OCC POISON tak 195/., to may (107 A.m., from the ADDRESS Mudd Amy / from The RY OR CREMATERY L	Pr. Geo. en by self. (6-5 , 19, that I last s causes and on the date st it! 15	Yes No 13 (STATE) Md. 5-51 - ams) saw the deceased cated above. DATE SIGNED May /2 /95/ (State)



PLEASE

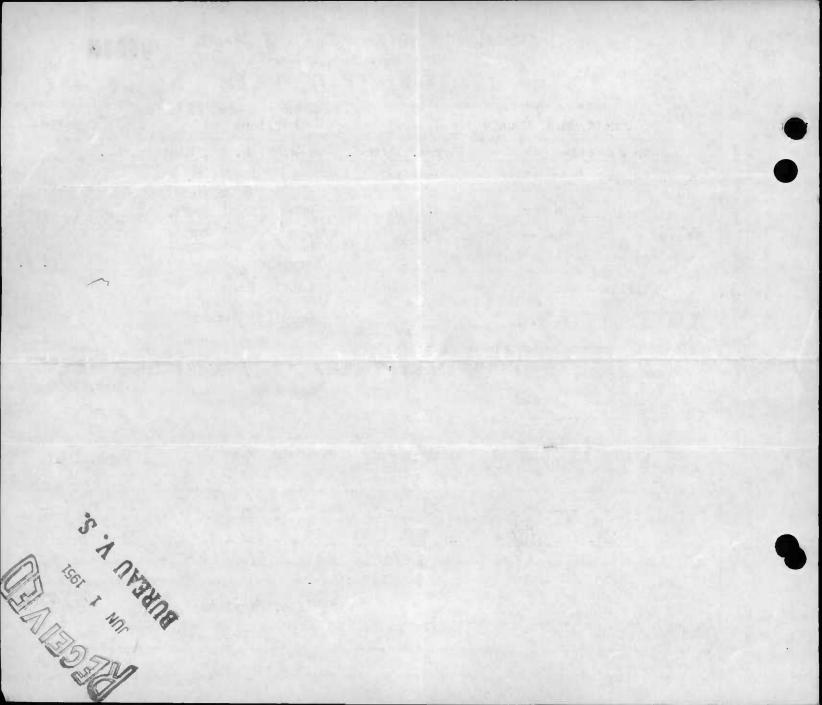
MA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.					
COUNTY Ann	ne Arundel Coun	ty MARYLAND	STATE Maryland		COUNTYCa	rolin	0
CITY (If outside c	corporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpore		AL and give ne	arest town	1)
OR give nearest	hsville	3 yrs. 11 mo:	. TOWN R. F. D.	#1. Ridgel	y. Md.		
HOSPITAL OR			STREET	(If rural, give l			,
INSTITUTION OF	R Crownsville	State Hespital	ADDRESS R.	F. D. #1			/
3. NAME OF DECEASED	(First)	(Mlddle)	(Last)	4. DATE (M	onth) (D	ay)	(Year)
(Type or Print)	H arry	S.	Johns	DEATH	5	25	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 yes	r If unde	er 24 hrs.
Male	Negro	WIDOWED, DIVORCED, (Specify) Single	8/8/20	30 yrs.	Months Day	Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CI	TIZEN OF	WHAT
done during most of v	working life, even if retired)	INDUSTRY	Maryland		Cou	U. U.	S.
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN				
Willia	am Johns		Lottie You	ng			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates of service) W. W. II		Hospital R			***	
1 03	1861 (166)		RTIFICATION	coolas			
			MINIOATION			PERVAL BE	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			Ot	ISET AND	DEATH
V	(0)	Hodgkin's D:	50050	K	nown to	וופ פוֹי	nce
Immediat	e cause (w)	noughin 3. D.	130830	Φλ			MANCY
July, 1950							
Diseases or	conditions, if any, (b)		***************************************	*********************************		Marine a separate a communication	
44 stating the u	inderlying cause last						
	(e)				1		
II. OTHER SIGNIF	CANT CONDITIONS			K	nown to	us 31	nce
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Paranoid Type June 1947							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?				SY?			
-					1	es 🗆	No 🗆
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUNTY)	(STATE	
SUICIDE	OF	office bldg., etc.)			-	-	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF		While at Not While Work At work					
INJURY	m,	Work At work		_			
22. I hereby certify that I attended the deceased from 6/8/, 19.47, to 5/25, 19.51., that I last saw the deceased							
alive on 5/25, and that death occurred at 12:15, a.m., from the causes and on the date stated above.							
SIGNATULE: \(\text{Derec}\) \(\text{Operec}\) \(\text{or title}\) \(\text{ADDRESS}\) \(\text{DATE SIGNED}\)							
Crownsville, Maryland 5/25/51							
23. HURIAL, CREMATION DAME OF CEMETERY OR CREMATORY LOCATION/(City, town, or county) (State)							
REMOVAL (Spec	Alv)	1951 Soulle		Heller	a, or country	ud o	ate)
Durial	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	P		DDRESS	
REG.							
2/20	PIPO	Jeorge	1 J. V. heros	1000	400	1	
1 7	Kh	(Days					
11.11.009							



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04514

1. PLACE OF DEATH.	2. USUAL RESIDENCE (F	OME) OF DECEASE	
COUNTY Anne Arundel MARYLAND	STATE Was	rington, D.C.	COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town) Gin this place) Against Mo.	OR /a/	te limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DIS FRONT Training School	STREET ADDRESS	(If rural, give lo	cation)
3. NAME OF (First) (Middle) DECEASED (Type of Print)	(Last) Tones	OF	onth) (Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		1 27 404 8 4 4	If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State o	foreign country)	12. CITIZEN OF WHAT COUNTEY?
13. FATHER'S NAME Ward	14. MOTHER'S MAIDEN		. 47077.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND D. T.S.	ADDRESS troop of s	
18. MEDICAL CE	ERTIFICATION		- market referencement
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Arterios leras	the heart dis	-1050 11117	th Tuess +
Immediate cause (a)			
Diseases or conditions, if any, (b) hyper tension			
giving rise to the above cause stating the underlying cause last	#** *** ** *****	A	0 00 00 00 00 00 00 00 00 00 00 00 00 0
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental defic	rency-Imber	10	SINCEpith
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR T		OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the deceased from Otto	3 1044 to Man	3 105/ that	I lost som the deserred
alive on	ADDRÉSS	causes and on the	date stated above. DATE SIGNED
SIGNATURE (Degree or title)	ADDITIONS TO	1/1	DATE SIGNED
J. A. Alaton MX).	wolsiel Vacinin	a School	Land 5-3-51
REMOVAL (Specify) 5/4/5/ Wrogk	avon a	OCATION (City, town	6
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/4/5/ War Daluge	Malvau y	Seliev. 4	24-RAPRESS
		17	70-99

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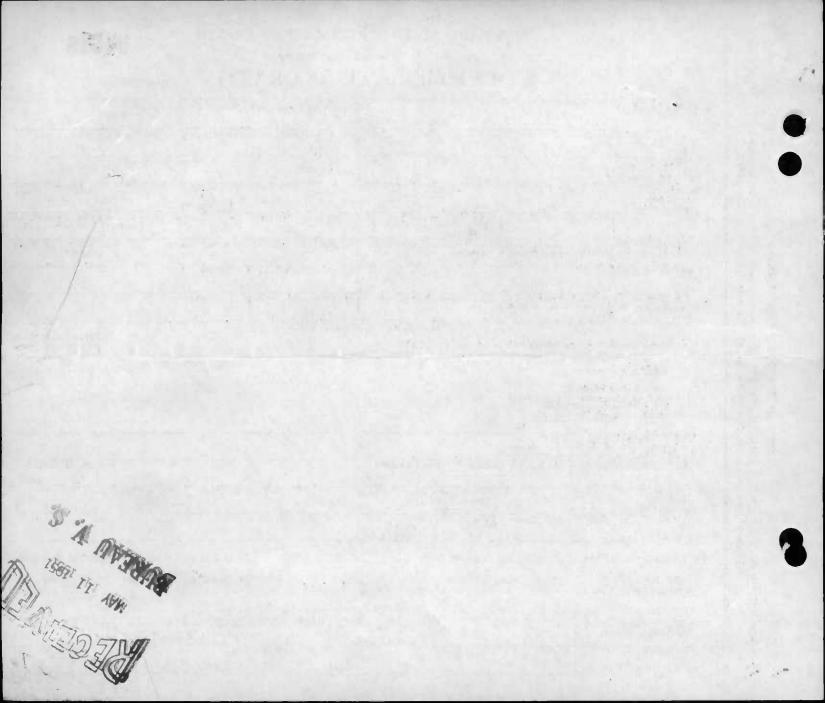
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04515

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED CO I. PLACE OF DEATH-COUNTY COUNTY Anne Arundel MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give neglect tern na Park (in this place) TOWN Baltimore HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Crest Nursing Home STREET Woodland Ave. 3343 ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Joseph Aloysius Jones I95I Mav DEATH (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last hirthday | If under I year | If under 24 hrs. Days Hours | Min. Months Male White (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore County, Md. 13. FATHER'S NAME George Daniel Jones Katherine Kennedy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) Miss Anna V. Jones Silver 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH General Arterioslerosis Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No I 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) INJURY HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work 4/26 19.5I, to 5/9/5I, 19...., that I last saw the deceased 22. I hereby certify that I attended the deceased from....... /5I ..., 19, and that death occurred at alive on 5/9 .9. P. M. m., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED ulad 23. BURIAL, GREMATION REMOVAL (Specify) THEREO NAME (State) DATE REC'D BY LOCAL REGISTRAY SION MEURE REG.



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04516

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Anne Arundel MARYLAND		Meryland An Ar			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		CITY (If outside corpo	rate limits, write RURAL	and give nearest town)	
OR give neares	t town) Pasadena	(in this place)	OR TOWN	Pasadena	
HOSPITAL OR	Pasauena	1118	STREET	(If rural, give loca	tion)
INSTITUTION C STREET ADDRE	DR ESS		ADDRESS	(
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	tb) (Day) (Year)
DECEASED (Type or Print)	Martha		Kess	OF DEATH Ma	v 17 19 51
5. SEX	1 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birtbday I	under I year If under 24 hrs
Mama la	Colourd	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	11/8/06	44 yrs.	Months Days Hours Min.
Female OCCH	Colored PATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done during most of	working life, evon if retired)	INDUSTRY			COUNTRY
House	wife	At. Home	Anne Arunde	I Co., Md.	USA
13. FATHER'S NAI	ME		14. MOTHER'S MAIDE	N NAME	
E	dward ohnson		Elenora Br	riscoe	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates (OI .	Morris Kess	- Pasadena, M	d.
		18. MEDICAL CE			
					INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Cerebral Hemor	rhere		l day
443 X Immedia	te cause (a)	Oorobiat nomer	* *************************************	***************************************	
443 % Antorodo	ent cause(s)			250000000000000000000000000000000000000	
Disease of	conditions, if any, (b)	Hypertensive C	ardio Vascular	Disease	
02 L giving rise	to the above cause				
stating the	underlying cause last				
- AMILIAN ALCOHOL	(c)				
Conditions contril	FICANT CONDITIONS buting to the death but not				
related to the dise	ease or condition causing deat	th.			
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No D
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CO	UNTY) (STATE)
SUICIDE HOMICIDE	INJI	office bidg., etc.)	1 0		
) (Day) (Year) (Hour)	INJURY OCCURRED	I HOW DID INJURY O	CCURT	
OF		While at Not While			
INJURY	m.	Work At work			
On Thombs	tifu that I attended th	e deceased from May 1	1949 to May	17 19 51 that T	last saw the decomed
22. I nereby cer	my that I attended th	e deceased fromaa.	, 10.20, 6010	IVW.L., that I	last saw the deceased
elivo on	May 16 161 ar	nd that death occurred at	7:15 am. from th	e causes and on the	late stated above.
SIGNATURE (Degree or title)			ADDRESS		DATE SIGNED
Siditification	12 1.	11 14		114	- / /
Mr.	. (Irany)	Lnul M.D.	Riviera Be	each, Md.	5/17/51
23. BURIAL CRE	MATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
23. BURIAL (REMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Burial (Specify) 5/20/51 Magothy Chr.					
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	Chr. 24. FUNERAL DIRECT	TOR	ADDRESS
REG/17/51					
5/11/51	A. W. H	ledrich 11	Mm. A. Jackso	n, 916 Pa. Av	a. Balto. Md.

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DATE REC'D BY LOCAL

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04517

Reg. Dist. No..... I. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Anne Arundel Anne Arundel Maryland MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town).
TOWN Annapolis
HOSPITAL OR (in this piace) Annapolis. Maryland TOWN STREET (If rural, give location) ADDRESS 28 Madison St. INSTITUTION OR 28 Madison St. STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED F JAMES (Type or Print) KING DEATH May 5. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday 5. SEX If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. Male White March 20, 1865 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY done during most of working life, evon if retired) COUNTRY? Ret. Carpenter se l Embloyed Anne Arundel co. Md 13. FATHER'S NAME Thomas xxWmkmewn King Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) Edna May King Madison St. Annapolis, Md INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH QUEET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Nove Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗇 No (COUNTY) 21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, (CITY OR TOWN) (STATE) OF office bidg., etc.)
INJURY SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR TIME (Month) (Day) (Year) (Hour) While at Not Vhile INJURY Work , to keep 5, 195 (, that I last saw the deceased 22. I hereby certify that I attended the deceased from 19. and that death occurred at T: W ...m., from the causes and on the date stated above. alive on... ADDRESS (Degree or title) DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) DATE THEREOR 23. BURIAL, ODEMATION REMOVAL (Specify) Edward's Chapel Director Grole, Arme Arundabress May 9, 1951 Buria REGISTRAR'S SIGNATURE

B.L. Hopping and Son

Annaplis.



VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Arandel MARYLAND	STATE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If oytside corporate limits, write RURAL and give nearest town)
OR give negrest town) TOWN (in this place)	TOWN Grownsylle (Rula)
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Anne Arundel General	ADDRESS terbury Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) David Allen	Korback OF DEATH May 16 195-
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5.70.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days House Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry INDUSTRY	11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry W. Korback	Katherine J. Darnell
15. WAS DECRASED EVER IN U.S. ASMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Crownsyille
(Yes, no, or unknown) (If yes, give war or dates of learvice)	Henry N. Korback Rura
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH .	Interval Between Onset and Deate
Antecedent cause (a) BACTEREMIA Antecedent cause(s) Disease or conditions, if any, cylving rise to the above cause	15HRS-
7 Intillectrate cause	
Antecedent cause(s) Diseases or conditions, if any, (b)	F_DIRTH
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	9, 19. 1, to
	Va .EP
alive on	ADDRESS DATE SIGNED
Mili Poresion MA	2/2 Prime Song St 17 May 51
23. BURIAL, OKEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) May 17, 1951 Gen Have	District (District)
DATE REC'D BY LOGAL REGISTERR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG 17/51 2 18 18 18 18 18 18 18 18 18 18 18 18 18	PVSingleton GlenBurnie
and house 1 Do Farmela 1	



826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

rec 04519

CERTIFICATE OF DEATH

			2108. 21.	
I. PLACE OF DEATH.		2. USUAL RESIDENCE	(HOME) OF DECEASED.	
Anne Arundel	MARYLAND	STATE Maryl	and co	UNTY
CITY (If outside corporate limits, write F	tURAL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR	rate limits, write RURAL a	and give nearest town)
TOWN Ft. Geo. G. Mead	e (iii talls prace)	TOWN Balti	more	
HOSPITAL OR INSTITUTION OR	a . Dist was Dim . Y	STREET ADDRESS 71.38	(If rural, give locati	on)
INSTITUTION OR STREET ADDRESS 2101-1 U	. S. ARMY HOSPITAL	ADDITION 1430	Monteplier St.	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month	, , , , , , , , , , , , , , , , , , , ,
(Type or Print) Baby	Girl	Leonard	DEATH May	1.0
5. SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If	under 1 year If under 24 hrs
Female White	(Specify) Single	27 May 1951		onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of w done during most of working life, even if retir	ork 10b. KIND OF BUSINESS OR ed) INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE		
Paul P. Leonard		Mary Hawkins		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give war or de		17. INFORMANT AND	ADDRESS 14	38 Monteplier S
service)	tion .	Mrs. Paul P.	Leonard (m)	Itimore. Md.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH			ONSET AND DEATH
-22	Respiratory F	- 1. 1. 10		211 - 26.
773,5 Immediate cause (a)	1 - 1 - spiralory	a I / u r t	pr* 0 000 1 10 1 10 1 10 10 10 10 10 10 10	2/hrs 35 hin
Antecedent cause(s)	P. + .+.			21 hrs 35 min
159 Diseases or conditions, if any, giving rise to the above cause	Prematurity		**************************************	21 AVS 35 min
stating the underlying cause last				
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n				
related to the disease or condition causing				
19a. DATE OF OPERATION 19b. MAJO	OR FINDINGS OF OPERATION			20. AUTOPSY?
-				Yes 🗆 No 🔯
	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
HOMICIDE	NJURY			
TIME (Month) (Day) (Year) (Hou	r) INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?	
	m. Work At work			
		10 MI . 25 h		
22. I hereby certify that I attended	the deceased from d	, 19.5.1., to	1.2., 19.5.1., that I l	ast saw the deceased
alive on 27 May , 1951.	and that death occurred at	11:10 Am from the	causes and on the da	to stated shows
SIGNATURE //	(Degree or title)	ADDRESS	Causes and on one da	DATE SIGNED
MARY E, STEI	NHEIMER, CAPT., MC			20.
Mary C. Steinkeimer	REOF NAME OF CEMETE	. army Hospital	It. Meade, Md.	28 May 1951
REMOVAL (Specify)	NAME OF CEMETE	RY OR QREMATORY	LOCATION (City, town, or	
Burial 1/29 Na	v 51 Post Cemeta	ry	Fort George G.	Neade, Md.
PEC \	R'S SIGNATURE	24. FUNERAL DIRECT	Ft. Geo.	G. Me ADRESSIA
5 June 1951 PANA	MULCHELL IST LE MS	CT. M. Andrysi	ak, Major (Cha	p Corps USA)
205271291261				
0.000				



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

y 04520

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
COUNTY (Render MARYLAND	maryland.	
OR give nearest town	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town (in this place)	TOWN / Zathunose	
HOSPITAL OR INSTITUTION OR T	STREET (If rural, give location)	1
STREET ADDRESS of free gent. helase Rd.	ADDRESS O Z. S. ann st.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Walter	AJKA. DEATH	30 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last hirthday If under Months	Days Hours Min.
Water Chile (Specify) hunsied.	1 Jaw. 5-1907 44 yrs.	
done during most of working life, even if retired Industry		COUNTRY?
actor Ing. Co.	/ salfernad. nex.	21.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
stanisland majka	macy sizesue	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 1/6-10-0056	17. INFORMANT AND ADDRESS (Auto)	
service / 0	hers. Victoria Mehring - Mille	saville, uis-
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Pulmona	rey Tuberculoses	Do years
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	40 0 0	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	COMPY OF BOTTON	Yes No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	HOW DID INJURY OCCUR?	
OF While at Not While _	NOW DID INJUNI OCCUR.	
INJURY m. Work At work	1	<u> </u>
22. I hereby certify that I attended the deceased from full	195/, to huy 30, 19.5/, that I last s	aw the deceased
7. 13.65	40 ρ	1
alive on 25, 195/, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
SIGNATURE (Degree or title)	1 O	DATE SIGNED
Bustone Hiaceherted. Gelere	Burnell, m.	5/30/01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City town, or coun	(State)
RIPROVAL (Specify) 6/2/5-1 St Stanus	law / sallo mi	
DATE REC'D BY LOCAL REGISTRAR SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 8/31/9 a a defrul	Mongamelis 1417 cas	ares 600
	011 111	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04521

1. PLACE OF DEAT			2. USUAL RESIDENCE (HOME) OF DECEAS	ED.	
Ar	ine Arundel	MARYLAND	STATE Maryland Anne Arundel		1	
OR give pears TOWN	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	nte limits, write RURA de Beach	AL and give near	rest town)
HOSPITAL OR		1	STREET	(If rural, give le	ocation)	
HOSPITAL OR INSTITUTION (STREET ADDR	DR ESS		ADDRESS	(21 2 mm on) 8 2 7 0 1 1		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day	y) (Year)
(Type or Print)	EMILIE	MALF	REGEOT	OF DEATH M	av 10.195	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH	9. AGE last hirthday		
Female	White	WIDOWED, DIVORCED, (Specify) Widow	Nov.20.1872	78 yrs.	Months Days	Hours Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CIT	IZEN OF WHAT
Housewije	working life, even if retired)	At home	France		Count	mY?
13. FATHER'S NA		1.000	14. MOTHER'S MAIDEN	INAME		
1	Inknown					
	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDURCE		
(Yes. no, or unknown) (If yes, give war or dates of	of			3//3	
No	(service)		Olga Chevauk, Be	ay side beach	n, Ma	
		18. MEDICAL CE	RTIFICATION		7	TI
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH				EBVAL BETWEEN
		Anoline da	om lens ati	- •		
Immedia	te cause (a)(- uraluc all	om jesu au	m	2.	years
11/12x	A 300000 (1)	11 . 0	- 0		6	7
Antecede	ent cause(s) conditions, if any, (b)	Hulestones	m		5.	WALL
giving rise	to the above cause		A. J. 10000000000000000000000000000000000	5 ************************************		Janes and and
93d stating the	underlying cause last	Par Sing for	10. 1. 11			
	(c)	unacuc ny	ererophy		13	years
Conditions contril	FICANT CONDITIONS nuting to the death hut not use or condition causing deat	h. none			6	1
		FINDINGS OF OPERATION			1 20.	AUTOPSY?
					Va	- F3 N- 69
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) ((COUNTY)	(STATE)
SUICIDE HOMICIDE	INJU		*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(DIM I M)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY	m.	Work At work				
		1	6 77 74	14 -1		
22. I hereby cer	tify that I attended the	e deceased from Man. 2.	9, 19 21, to May.		I iast saw th	ne deceased
74			- A /			
alive on AL	ay7, 1921., an	d that death occurred at.	ADDRESS	causes and on the		
SIGNATURE	10 m D	(Degree or title)	ADDRESS	10. 1	La DA	TE SIGNED
Kandall o	n. Medaugh	em M.D.	usadena. 1	Ref.		2.1951
BURIAL CREM REMOVAL (Sp	MATION DATE THERES	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City) town	n, or county)	(Stape)
DATE REC'D BY	LOCAL MEGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTA	OR IVIUM	CAT	DRESS
REG.	- 1/1) -		min ()	1 / 11/11	H	1121
May 12.	1951 1 1/W,		11 001	18/ 12/7	Olow	
	1/					

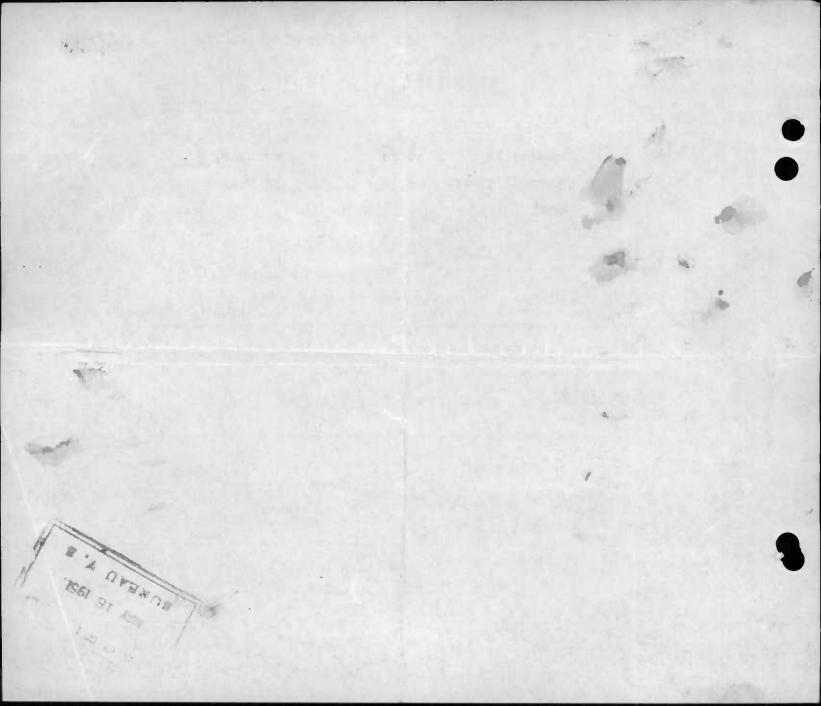
MARYLAND STATE DEPARTMENT OF HEALTH

04528

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			The second secon				
1. PLACE OF DEATH COUNTY	Anne Arundel	CountyMARYLAND	2. USUAL RESIDENCE (STATE Marylar		ED. COUNTY	Montgo	mery
OR givo nearest	orporate limits, write RUR town) Crownsvil	(In this place)	OR TOWN Rockvil		AL and give	e nearest tow	n)
HOSPITAL OR INSTITUTION OF	R.		STREET	(If rural, give l	ocation)		. /
STREET ADDRE		Le State Hospital		known		75	
3. NAME OF DECEASED (Type or Print)	(First) Bred	(Middle)	Martin	4. DATE (MOF DEATH 5/	(onth) /3/51	(Day)	(Year)
s. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH	9. AGE last birthday 48(?) yrs.	Months	Days If und Hour	er 24 hrs Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			COUNTRY?	WHAT
13. FATHER'S NAM		Hone	14. MOTHER'S MAIDE				•0•
Woo	d Martin		not known				
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	Pet Aice) to the Mark for the west	*******	I	Hospital Reco	ords		
		18. MEDICAL CE	RTIFICATION				
I DIGETORS UP CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL B	ETWEEN
1. DISEASES OR OC	MDIIIONS DIMECTEL	DEADING TO DEATH				ONBEL AND	DEATH
Immediat	e cause (a)	Cancer of Li	ver		kno	wn sinc	е
1 de l	c cause				Ma	rgh. 19	51
	nt cause(s)					, , ,	/-
	conditions, if any, (b)		***************************************			AT 00 00 00 1 1 AD	
46 & stating the u	nderlying cause last						
()	(c)						
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	ch.					
		FINDINGS OF OPERATION				20. AUTOI	PSY?
no	ne		none			Yes 🗆	No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNTY)	(STAT	E)
SUICIDE HOMICIDE	none INJ	office bldg., etc.) JRY	none				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		-	
OF INJURY	none m.	While at Not While Work At work		none			
22. I hereby cert alive of 5/3/ SIGNATURY. 23. BURIAL, CREM RELAUVAL (Spec	19 an	d that death occurred at (Degree or title) Cr NAME OF CEMETE	30 A.		e date sta	DATE SIG	
DATE REC'D BY		SIGNATURE DE	21 EUNERAL DIRECT	OR DALLO CO	My	ADDRES	B
REG. 5/15	151 / - 1	i o allon	Trances atte	moley 5781	7310	dust	



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

04523

FOR MEDICAL EXAMINERS. Reg. Dist. No..... L PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE. vagunia. MARYLAND CITY (If outside corporate limits, LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest howo - (in this place) TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS Tauva 3. NAME OF Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED DERNAR 30 (Type or Print) DEATH 6. COLOR OR RACE 8. DATE OF BILTH 9. AGE last birthday | If funder 1 year |If under 24 hrs 7. SINGLE, MARRIED. WIDOWED, DIVORCED, Months | Days | Hours | Min. Jungle (Specify) 11. BIRTHPLACE (State or loreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WRAT done during most of working-life, even if restred) COUNTRY? VASHINGTON D.C. u.s. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MYRTIS MAYBURY 17. INFORMANT AND ADDRESS 93 E. HAMPSHIRE ST 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) 723-07-9708 BERNARD MAYBUR PIEDMONT. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ROWNIKG Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🕜 PLACE (Home farm, factory atreet, OF office bold of the INJURY 21. EXTERNAL CAUSE WAS (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Ultrona (2 lad INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not while work at work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined ... DATE SIGNED SIGNATURE (Degree or titie) LOCATION (City, town, or county) BURIAL, CREMATION VDATE THEREOF NAME OF CEMETERY OR CREMATORY JUNE 2, 1951 WESTERN PORT DATE REC'D BY REGISTRAR'S SIGNATURI

S. V. VALIANDE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04524

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H		OUNTY .
A. A.	MARYLAND	Md.		A. A.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN ANNADOLIS	(in this place)	CITY (If outside corpora OR TOWN Severna		and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convale	scent Home	STREET ADDRESS	(If rural, give locat	ion)
	Aiddle)	(Last)	4. DATE (Month	h) (Day) (Year)
(IVDe of ITIME)	BECCA	MESEKE	OF May	
5. SEX 6. COLOR OR RACE 7. SING WIDOV (Specific Specific	LE, MARRIED, VED, DIVORCED, (fy) Widowed	8. DATE OF BIRTH	9. AGE last birthday If	under 1 year II under 24 hrs. onths. Days Hours Min.
10. USUAL OCCUPATION (Give kind of work 10b. Kr	ND OF BUSINESS OR	11. BIRTHPLACE (State of	000	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTR		Maryland		COUNTRY?
13. FATHER'S NAME	G 110mm	14. MOTHER'S MAIDEN	NAME	
Francis Rae		Mary Elder		
16 Was Duckagen Furn IN II S ARMED FORCES? 1 16. SO	CIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	none			erna Park, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL CE TO DEATH	etification 2 Chr. 4 c	Mejorcora	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	with	neig .		yem
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	esuli-	e Charles	Labora	· Suul
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		In you care	yeursu	Zun
19a. DATE OF OPERATION 19b. MAJOR FINDING	OF OPERATION			20. AUTOPSY?
				Yes \ No \
	, farm, factory, street, ig., etc.)	(CITY OR T	OWN) (COU	(STATE)
	OCCURRED Not While At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the decease	1/	1		
alive on May // , 195/, and that d	eath occurred at Degree or title)	ADDRESS m., from the	causes and on the da	ate stated above. DATE SIGNED
Dunge C Boxil	MA	auphly	and	5.52-57
23. BURIAL, CREMATION DATE REMOVAL (Specify) 5/15/51		n Park	Balton Md	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATU		24. EUNERAL DIRECTO		ADDRESS
REG. 5/19/5/ Gabeco	Euch	IMM. LU	whener & &	mo-
	17	0		Bulto:Ma.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

Supply every item of information carefully. The correct age write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04525

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	0 10
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		me armodel
OR graneerest town) P.O. Osenton (In this place)	TOWN Paturent P.O.	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (II tital give location)	
3. NAME OF / (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) harles Henry Me	Clay St. OF DEATH May	/ 195/
SEX 6. COLOR OR RACE 7. SHOOLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.	8. DATE OF BIRTH 9. AGE last birthday IL/ander 160 1 - 188 7 0 yrs. Worths	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, every if retired) INDUSTRY	Charlescaunty, mis.	CITIZEN OF WHAT
Likerles Henry Willow.	Level Sonathy made	or.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of 2/7-07-7852)	Tres. Class millon (we)	W.)
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Doronary	Occlusion d	udden.
H20, / Antecedent cause(s)		
Disease or conditions, if any, (b) giving rise to the above cause	***************************************	-4 00 00 00 secto 00-00 described 00-00 **** **
940 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No B
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☑, accident ☑, suicide ☑, homicide ☑, SIGNATURE SIGNATURE Leaston Northeadure Deputy week. Exceleration	ased died on the dry stated above, and death in my of undetermined ADDRESS Menses. Selent Businel and	DATE SIGNED 5/2/5/
REMOVAL (Specify) 3-4-51 St ganc		med.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 3, 1431 Viara vorsuite	John Mayler Som Con	rapples
	340.5	06 me.

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MARYLAND STATE DEPARTMENT OF HEALTH

1 52 MAY 17 1951

2411 N. Charles Street, Baltimore

04526

CERTIFICATE OF DEATH

Part of the latest and the latest an						
1. PLACE OF DEATH- COUNTY	Anne Arunde	1 MARYLAND	2. USUAL RESIDENCE (H STATE Mary).		COUNTY	Anne Arune
CITY (If outside corpor OR give nearest town TOWN	crownsvill	L and LENGTH OF STAY	CITY (If outside corporation of Annap		tAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		State Hospital	STREET ADDRESS not kn	(If rural, give	location)	
3. NAME OF	(First)	(Middle)				
DECEASED (Type or Print)	John		(Last) Moses	4. DATE (A OF DEATH	Month) 5/9/51	(Day) (Year
5. SEX male	color or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) not known	s. DATE OF BIRTH	. AGE last birthday	If under 1 Months 1	year If under 24 h Days Hours Mi
10a. USUAL OCCUPATION done during most of working not kno	ON (Give kind of work ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY not known	11. BIRTHPLACE (State or not known	foreign country)		CITIZEN OF WHA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	not known			not know	vn.	
Yes, no, or unknown 1414	in U.S. Abmed Forces' ver give han of detector (re)	1 16. SOCIAL SECURITY NO.	Hospital Reco	address rds (Patier	nt pick	ed off
		18. MEDICAL CE	RTIFICATION		street	.0
I. DISEASES OR COND	TIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEE ONSET AND DEAT
Immediate ca	use (a)	General Pa	resis	kı	nownwin	ce 2/27/51
Antecedent cs Diseases or condigiving rise to the stating the under	tions, if any, (b)			***************************************		4 60 00 10 10 10 00 00 00 0 10 10 10 10 10
seattly the thirds	(a)					
11. OTHER SIGNIFICAN Conditions contributing related to the disease or	to the death but not	h.				
		INDINGS OF OPERATION			1	20. AUTOPSY?
none		n	one			Yes No [
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR TO	OWN)	(COUNTY)	(STATE)
IIOIM CAD L	one OF INJU		none			
OF	y) (Year) (Hour) one m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC			
22. I hereby certify t	hat I attended the	deceased from 2/27/51	, 19, to 5/9/5	1 , 19, tha	t I last say	w the deceased
alive on 5/9/51 SIGNATURE		d that death occurred at 9				
23 BURIAL CREMATION	VILLE DATE THEREO	n.V		CAMTON ACL	717	7 7 -
23 BURIAL, CREMATI REMOVAL (Sportly)	15/10	Investy 1	el school	Belle	ly A	Mo (State)
REG. 5/10/8	1	oall	Frances Q 6	emsleys	5781/	3 delle l
	- /				1111/	1



S. AISA

MARYLAND STATE DEPARTMENT OF HEALTH 133 MAY 24 1951 CERTIFICATE OF DEATH

	Reg. Dist.	No
1. PLACE OF DEATH- COUNTY Grendel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	VTY
CITY (If outside corporate limits, write RURAL and CR give nearest town) TOWN LENGTH OF STAY 3 (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Janualdson avel.	STREET (If rural, give location	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Samuel Edgard	(Last) 4. DATE (Month) OF DEATH MAY	(Day) (Year)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.	1'/47/2/ yrs. 3	der I year Hunder 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry	Severy M	12. CITIZEN OF WHAT COUNTRY?
Clarence mundell	Els in Edward	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes. give war or dates of service)	17. INFORMANT AND ADDRESS	a) Severyl.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1. Olyan Fin		Audden!
924 Immediate cause (a) suff reation	for the same of th	
Antecedent cause(s)		
182 Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Severn a.a	mel
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY 5-14-51 m. While at work at work	At home in his parents bed.	(5-24-51 - ams)
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes , accident , suicide , homicide ,	pased died on the dry stated above, and death in m	ed from the evidence sy opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Sustave X tauber MB. med. Cesamin	is Islew Burnie and	5/14/1
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or ed	YIIA.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 342
REG.	m. 1 T. (21/11)	1-11 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04528.

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne Arundel MARYLAND	Marayland A. ACOUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Brooklyn LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Brooklyn	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Cherry Lane	STREET (If rural, give location) ADDRESS 15 Cherry Lane	
3. NAME OF (First) (Middle) DECEASED William	(Last) 4. DATE (Month) OF DEATH 5	(Day) (Year) 9 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, MILTIPED (Specify) WAIT 120	8. DATE OF BIRTH 9. AGE last birthday If under 1 Months, I 57 yrs.	year II under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor et al. Plant		CITIZEN OF WHAT
Milas Partlow	Emma Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Bessie Partlow-115 Cherry I	ane
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cay Clivo Antecedent cause(s) Diseases or conditions, if any. (b)	1111	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
March 5 Carcinoma	+ blasser	20. AUTOPSY! Yes □ No 🏞
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/23	4 30 - /	
	ADDRESS AST MADISON ST.	ded above.
23. BURIAL, CREMATION DATE REMOVAL (Specify)		
DATE REC'S BY LOCAL RECISTRAR'S SIGNATURE REG. J. S. C.	24 FUNERAL DIRECTOR 100 Mmls	ADDRESS
- 11 - VDm	Grade	7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	meg. Dist. II	V•
1. PLACE OF DEATH. COUNTY Chrise allunded MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	u u
CITY (If overide corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (II opening corporate timits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR O. Q. Veneral	STREET ADDRESS AT A STREET ADDRESS	
3. NAME OF DECEASED CHARLES (Middle) Type or Print) CHARLES HOWARD TO	CLast) A. DATE (Month) ETTEBONE DEATH	(Day) (Year) 22 1957
5. SEX 6. COLOH OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months 54 yrs.	1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
Charles H. Pettebone	Louisa Tellebon	2
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of service)	Charles B. Pettebone In	napolino
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	Thembrain	12 hes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	· · · · · · · · · · · · · · · · · · ·	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(000111)	, (511111)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to	saw the deceased
alive on 5. 2 , 15 , and that death occurred at (Degree or title)	ADDRESS and on the date st	tated above. DATE SIGNED
Lage C. Boil M. D	Acoupties my	1.23.57
REMOVAL (Specify) 5 24-54 IT Man	AGENTATION LOCATION (City, town, or coun	La Mel
May 24,1951 REGISTRATE SIGNATURE	From M. Laylor Sun	ADDRESS
100000000000000000000000000000000000000	682536 an	notoli no

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

The correct age

MARGIN RESERVED FOR BINDING

VS. A15A

04530

g. Dist. No. 3 5

1. PLACE OF DEATH- COUNTY Hunt Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	- OW Thates
CITY (If nutside orporate limits, write BURAL and LENGTH OF STAY OR give neglection) (in this place)	CITY (If outside consonte limits, write-tURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 267 Grove Pack Are	STREET ADDRESS Box 462 - Galtungy	20 /
3. NAME OF DECEASED (First) (Middle) (Type or Print)	PHETPS 14. DATE (Month) OF DEATH Way 2	Day) (Year) (Year) (7)
6. COPOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED,	8. DATE OF BIRTH 9. AGE last birthday If under Months with 11882 17 yrs.	Days Hours Min.
done during most of working life even if refired industry	100	COUNTRY S.A
13. FATHER'S NAME M. armstrong	14. MOTHER'S MAIDEN NAME Thuson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	The Margary Wilson. Brookly	4 Park -
18. MEDICAL CI	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	11-	milde
Immediate cause (a) Collection	Hus whage	manue
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	re Vascular Diesan	Lusknow
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an abstained by said Autopsy, Inspection or Inquiry, find that said decompose in an angular courses with a suicide and accident in suicide and accident in the suicide accident	eased died on the day stated above, and death in my	from the evidence apinion resulted
Signature (Degree or title)	Excusion. Among boles Md.	5/2/0/57
23. BURIAL, CREMOTION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county)	ty) (State)
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE REG. 128157 A CO COLOR	21. EUNERAL DIRECTOR 1600 W. Non	thank and the second
1014	manue C. Syfer	

VS. A15

The correct age

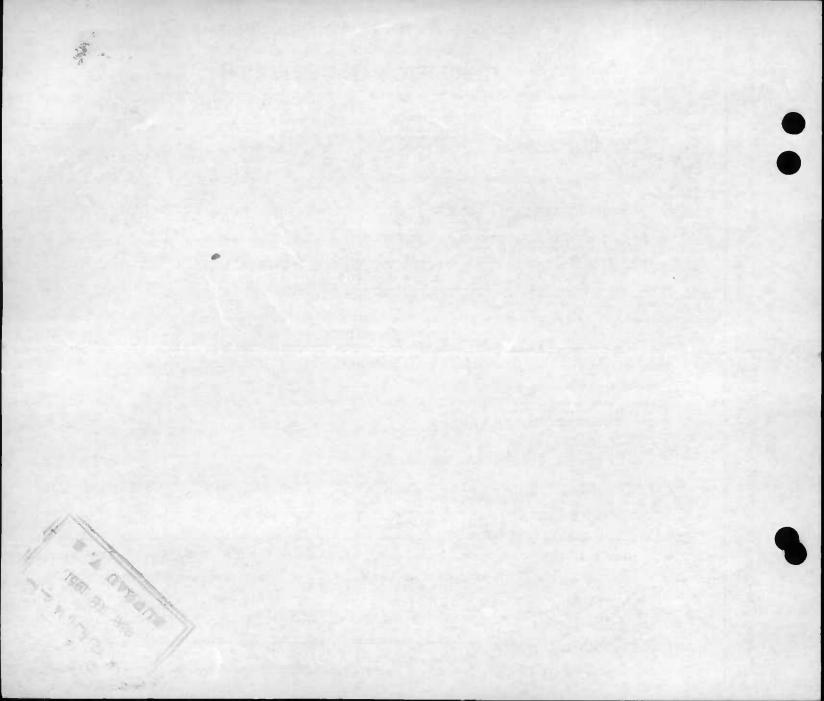
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04531

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	. ,
Anne Arendel MARYLAND	STATE And Anne	Animale
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (df outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) - Sever (In this piace)	TOWN Puzzl- Severn.	
	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR	ADDRESS	
STREET ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Louise Anna	Kies DEATH MAL	12 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH 9. AGE last birthday If under 1	year IIf under 24 hrs.
WIDOWED, DIVORCED,	Months.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		OUNTRY?
House wite	Baltimore co Maryland	05
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Paul Schultheis	Margaret Metzler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	Frederick Ries	
Bervice)	TI FEOREICIC KIES	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
~ ~ /		11 ,,
Immediate cause (a) Corumary Occ/v	5/M	1/2/12
Antecedent cause(s)	. 11 15.	
Diseases or conditions, if any, (b) A-torio-Sclonofi	c Heart Disease	10 years.
giving rise to the above cause stating the underlying cause last		
(c) 12/202145		22 4024
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.)	(00011)	(SIAIL)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
\sim	C- M 10	
22. I hereby certify that I attended the deceased from Journal	, 19.50, to 1724 10, 19.61, that I last sa	w the deceased
~4		
alive on // 24 B, 19.5/, and that death occurred at //		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Plus 19 Obs. it Mr. O	(2) - 1/2 ill M-	12 0.
23. BURIAL CREMATION DATE NAME OF CEMETE	BY OR CREMATORY LICCATION (C)	15-51
OREMOVAL (Spreity)	RY OR CREMATORY LOCATION (City, town, or county	(State)
/ the a may 16 -3 Marsh	Memor well Ro	b
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14 J- 1/2000	Edwarden 1359 Wast	Blook.
	2 7 2	-0
	117 4.01. 20	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(1453)

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H·			2. USUAL RI	ESIDENCE (IIO	ME) OF DE			
COUNTY An	ne Arundel		MARYLAND	STATE	Maryla	nd	COUN	ne Arv	ndel
CITY (If outside a	corporate limits, write RUI	RAL and	LENGTH OF STAY	CITY (II o	outside corporate	limits, write	RURAL and a	lve nearest t	own)
OR give neares	dena (R	ural	(in this place)	OR	Pasade	na	(hur	al)	
HOSPITAL OR	D		(Near	STREET		(If rural,	give location)		
STREET ADDRE	ss Mountain R	oad	(Gibson Isl	a. Julian	ountain	Rd. (N	ear Gi	bosn]	(sld.)
3. NAME OF	(First)		(Middle)	(Last)	1	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	HILDA		E. M.	RILEY		OF DEATH	May	3	1951
5. SEX	6. COLOR OR RACE	7. SING	GLE, MARRIED,	8. DATE OF	BIRTH 9.	AGE last bir	thday If unde	r l year If	nder 24 hrn.
Female	White	(Spe	WED, DIVORCED,	Sept. 1	2.1894	56	YTS.	B Days Ho	Min.
10a. USUAL OCCUI	ATION (Give kind of work working life, even if retired)	10b. K	IND OF BUSINESS OR	11. BIRTHPI	ACE (State or f	oreign country)	12. CITIZEN	OF WHAT
HOUSE	Work	INDWI	h' home	Balti	more,	Md.		COUNTRY?	U.S.
13. FATHER'S NAM				14. MOTHER	R'S MAIDEN N	IAME			
Will	iam G. Bobli	tz		Mar	v E. Cr	eamer			
15. WAS DECKASED F	VER IN U.S. ARMED FORCE (If yes, give war or dates	87 16. S	ocial Security No.	17. INFORMA			Pasad	ena, Mo	1.
NO ULKHOWII)	service)	01	None	Miss Hi	lda E.R	liley.	Route	T.Box	34
			18. MEDICAL CE	RTIFICATION				-	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADIN	IG TO DEATH					ONSET A	BETWEEN ND DEATH
		11.	+ 11		01			AT N	/
Immedia	te cause (a)	icu	a pulin	mary	Mall	ma		1.a	ays
DOZX Antecede	nt cause(s)	1.	1		4-				/
Diseases or	conditions, if any, (b)	ar	sear dece	milen	allen	e =		20	ays
13 fr giving rise t	to the above cause underlying cause last	0	1	10,	n far	,			
, 0,00	(c) A	ull	ninary lu	bercul	osis, ac	dvan	ced	10 9	leans
II. OTHER SIGNIF	ICANT CONDITIONS							10	
related to the disea	uting to the death but not		nine						
19a. DATE OF OPE	RATION 19b. MAJOR	FINDING	S OF OPERATION					20. AUT	OPSY?
	25							Yes []	No PL
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Hon	ne, farm, factory, street,	•	(CITY OR TO	WN)	(COUNT)	Y) (ST	ATE)
HOMICIDE		URY	orden eren	0 0 0					
TIME (Month)	(Day) (Year) (Hour)	INJUR While a	Y OCCURRED t Not While	HOW DID	INJURY OCCU	JR?			
INJURY	m.	Work	At work						
	14 2 4 Y 44 1 1 1 1		Alail	11-051.	man :	7 51			
	lify that I attended th				-				
alive on	lay 2, 1957, a	nd that	death occurred at	0115 Am	from the c	auses and o	n the date s	stated show	V/O
SIGNATURE		111	(Degree or title)	ADDRESS	.,			DATE	SIGNED
Daudall 1	n Motheral	Vin	mo Pa	Solowa	. Md		May	7 19	5
Manual 11	IATION DATE THERE	OF	NAME OF CEMETE		/	CATTON (CI	7 0	71	10:
23. BURIAL, CREM REMOVAL (Spe HULLS	cify)			NI ON CREM			y, town, or cou	_	(State)
DATE REC'D BY			Mt. Carmel	1 24 FINEDA	L DIRECTOR	Baltimo	re		vid.
REG.	COLL KINGISTICKS	7 /3	2/1//	Thomas		reletor	, Glen	Burn	le. lud
6/4/	1	EN	me -	TITOMAC	11. 071	-0-10-101	-, 02.01.		7 22.00
/ "/									

BIREA 205, V.S.

Items 11,13,14, on: 133 MAY

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICAT	E OF DEATH	
FOR MEDICAL	EXAMINERS Reg. Dist. N	No. 21
1. PLACE OF DEATH. COUNTY HUR Atundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	TY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (In this Day)	OR TOWN COTOGORANGE HIMITS, WHITE RURAL and g	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospi	STREET ADDRESS 1476 - (If rural, give location)	/
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	ROBERTS 4. DATE (Month) OF DEATH MAY	(Day) (Year) 2.0 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday of Months Months	or 1 year If under 24 hr
done during most of working life, even if retired) 10b. Kind of Business or Indiana.	Coving ton Kentucky	12. CITIZEN OF WHA
13. FATHER'S NAME Roberts	Elizabeth Spring mier)
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) Hayes, give war of dates of	17. INFORMANT AND ADDRESS OHR VALL	WASH DE
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
American about	racles as	
Immediate cause (a)	occurera	
Antecedent cause(s) Diseases or ennditions, if any, giving rise to the above cause stating the underlying cause last	esclerosis	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No [
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) [NJURY] INJURY	(CITY OR TOWN) (COUNTY	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while iNJURY m,	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	utopsy , Inspection , Inquiry thereon and	from the evidence
170m: natural causes X, accident , suicide , homicide .	undelermined	opinion resulted
SIGNATURE (Degree or title)	ADDRESS AMAGE (6.7)	DATE SIGNED
27. AHRIAL, CREMATION DADE HEREOF, NAME OF CEMETER	RY OR CREMATORY LOCATION CHILLDWIP, or coun	11 5 20 0
DATE REC'D BY LOCAL REGISTRANS SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG		ADDITESS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE ((HOME) OF DECEASI	ED.
COUNTY Anne Arundel MARYLAND			STATE Maryland COUNTY An. Ar.		
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Jessups rural 61 yrs.		TOWN	Jessups. (If rural, give in	rural	
INSTITUTION O STREET ADDRE	R Jessups, Md.	Gen. Del.	I DEPENDED	ups, Md. Gen.	
3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle)	(Last) Ruppert	4. DATE (MOF DEATH	ontb) (Day) (Year) May 18 195
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married	Nov. 25, 1889		If under 1 year If under 24 hr Months Days Hours Min
done during most of	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry State	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM	Æ Œ	Buate	Maryland	NAME	USA
"illi	am Ruppert		Elizabeth Cla	ank	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(1es, no, or unknown)	(If yes, give war or dates o service)	none	Mrs. Mary Ruppe	ert. Jessups,	. Md.
		18. MEDICAL CI			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEE
			nea		~ 5
Immediat	te cause (a)I	Paroxysmal noctu	rnal dyspera	0	2 minul
Diseases or	nt cause(s) conditions, if any, (b) He	eart block Fundle	branch block	2000 600 600 600 600 600 600 600 600 600	2 1/2 year
	o the above cause anderlying cause last CC	ronary insuffici	ency		2 16
1200	(c) j	Ivpertensive arte	riosclerotic car	rdiovascular	disease
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing death				
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby cert	tify that I attended the	deceased fromJuly	. 19 48 to May	. 1951 that	I last saw the deceased
SIGNATURE	.May, 1951, and	that death occurred at (Degree or title)	ADDRESS	e causes and on the	e date stated above. DATE SIGNED
Thomas	K. USL	W.D.	322 Pr. Geo. S		
23. BURIAL, CREM REMOVAL (Spec	cify) 5/22/51			LOCATION (City, town	n_Blvd-
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
REG/21/51	A. W. He	edrich dm	John F. Denny	Inc. 715 4	ight St 30
				71	-> C// /
				16	3/1/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

S. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04535

COUNTY ANNE ARUNDELMARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	1175
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearestrown) NAPOLIS (in many place)	OR Hundows	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE PRUNTEL Jenus Hospi	STREET ADDRESS 900 Sha Pond	
3. NAME OF DECEASED (Middle) (Type or Print)	SNOWDEN OF MAY	(Day) (Year) 25 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Oct 10 1910 40 yrs. Months	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	montae n.c.	COUNTRY?
13. FATHER'S NAME Lester mitchell	14. MOTHER'S MAIDEN NAME Roberns	in,
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Thomas metall 1316 Qu	Klew so Va
18. MEDICAL CE	RTIFICATION	l
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	right's Disease	INTERVAL BETWEEN ONSET AND DEATH
HHHX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 131 Lasting the underlying cause last	right's Disease sential hypertonsion	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from natural causes of accident suicide, homicide SIGNATURE (Degree or title)	used died on the dry stated above, and death in my undetermined ADDRESS Mich Examina, Amabelis M	DATE SIGNED 5/25/37
muy 301867 Frankly	Cemetary Monro	7. C.
May 28, 1951 REGISTRAR'S SINATURE	24. FUNE BOTH STORM AND	aprilis,
		hal

S. 1 DESTANDA

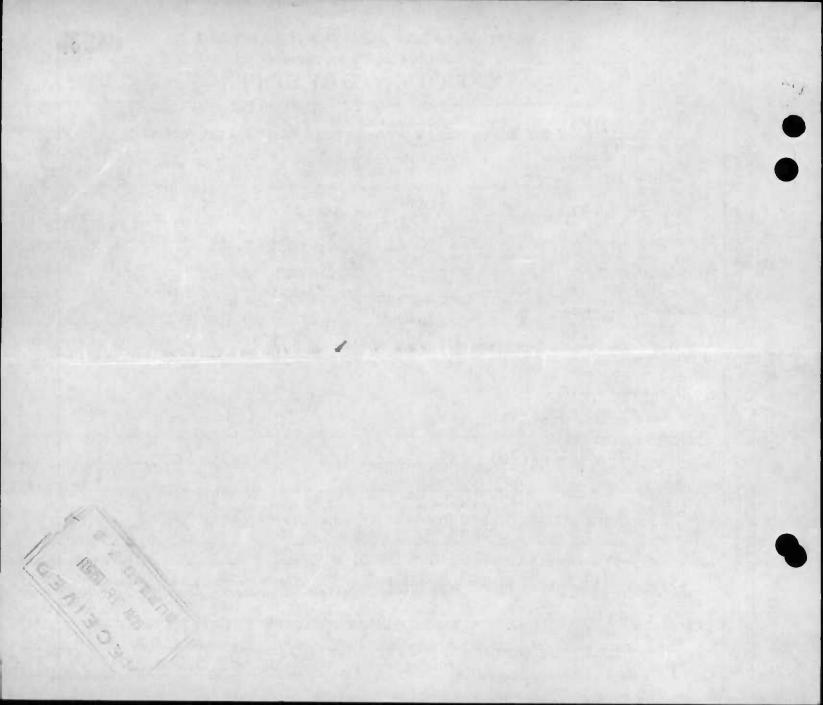
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH. COUNTY Amel are del MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
OR give nearest town) OR with this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)
3. NAME OF (First) . (Middle) (Type or Frint)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 14 1957
7- SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLOW	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Matchs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTEY?
andrew Jackson	Louise Jackson
15. WAS DECRASED EVER IV U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Grace Brown. Jones, mel.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	1 Coreace
254X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A COLDENS OF The Prince of the	. Yes 🗆 No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!
22. I hereby certify that I attended the deceased from 240-1	19, to 19, that I last saw the deceased
alive on	m., from the causes and on the date stated above. ADDRESS DATE SIGNED
6 J. Celley On.O.	10 Carret 5-17-51
REMOVAL (Specify) may 17, 1957 Wayner &	or CREMATORY LOCATION (City, town, or county) (State)
meg. 17, 1951 REGISTRATES SIGNATURE	24 JUNERAL DIRECTOR ADDRESS ADDRESS
	and the second



1. PLACE OF, DEAT

COUNTY

RESERVED NFADING I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY

MARYLAND CITY (If outsids corporate LENGTH OF STAY CITY (If outside corporata limits, write RURAL and give nearest town) OR give nearest town (in this place) GREENOCK, Bristo HOSPITAL OR STREET (If fural, give location) INSTITUTION OR STREET ADDRESS ADDRESS (Middle) 4. DATE (Last) (Month) (Year) (Day) DECEASED UMMER MobeR 1951 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE last birthday If under I year |If under 24 hr Months | Days | Hours | Min. Nov 5 1882 11. BIRTHPLACE (State or foraign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)

FARM TEKAN FARMING

13. FATHER'S NAME FRIENdship A. A. Co Md. COUNTRY? TOBACCO - CORN PHIBBONS HMOS STALLINGS CAROLINE 15. WAS DECRASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) | (If yes, give war or dates of 16. SOCIAL SECURITY NO. NO service) owax 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH y selessois. Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work

22. Lertify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry thereon and from the evidence following by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes X, arcident [], suicide [], homicide [], undetermined []. SIGNATURA (Degree or titie) DATE SIGNED

DATE THEREOF

2ay /6,/95 (non REGISTRAR'S SIGNATUR

24. FUNERAL DIRECTOR

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PL



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04538

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ANN- ARUNOSL MARYLAND	STATE 170 - ANN ARUNDAL COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		
OR givo nearest town) TOWN (in this place)	TOWN FT. GLORGE & 134A01, 12 STREET (If rural, give location)	0.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2599-FT GLORGE & MANA, MO	STREET (If rural, give location) ADDRESS 2599-FT, GLORGE C.	76406,170
3. NAME OF (First) (Middle) DECEASED (Type or Print) SAMUEL OSBORNIK S.	(Last) 4. DATE (Month) OF OF CATH	(Day) (Year) 4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) // MACKED,	020 121004 6/0 yrs.	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired) 10b. Kind of Business or done during most of working life, evan if retired 10b. Kind of Business or done during most of working life, evan if retired 10b. Kind of working most of w	11. BIRTHPLACE (State or foreign country) 12. 170. 17410. AM MAR O NOALL CO	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES FRANCES STALLINGS	EMMA WHEELER.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	/
(Yes, no, or unknown) (If yes, give war or dates of ONKNown.	VAMISESTALLINGS 40 BOURGUE, BA	429 112
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) CORDNA	(Declaron	
(A Immediate cause		
Antecedent cause(s) Diseases or conditions, if any, (b)	Ca Ca	
giving rise to the above cause	131-131-141-141-141-141-141-141-141-141-	
stating the underlying cause last	indible, right (5/29/51 akc)	
IL OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	Liter	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Not While At work		
1/ / 000	1 -051 . 4 1704 . 1051	
22. I hereby certify that I attended the deceased from 21 April		
alive on 4/74V 195/, and that death occurred at SIGNATURE Howard A. Boyd (Degree or title)	12:274. m., from the causes and on the date sta	ated above.
- Haral & Royl Capte MC	FT. GLORGEG MLADERD, 4/10	eri
	ERY, OR CREMATORY LOCATION (City, town, or coont	
DEMOVAL (Specify) 5 /6 /5 / Memaria	Cemetery Mails Mo.	()
		ADDRESS
REG. 10 May 51 Party and The Hart of the	21. FUNERAL INTECTOR CO Coke M Toylor Son	

Deachat 12:27- Deformant James & Stall James & Market James & Market W. S.

'MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

· OBKITIONI	B OF BEATTI	eg. Dist. Nod. L
1. PLACE OF DEATH COUNTY ame aryland Maryland	2. USUAL RESIDENCE (HOME) OF DECE	COUNTY QQ
CITY (If outside orporate limits, write RURAL and OR give neared town) OR give neared town (in this place)		URAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Market	STREET ADDRESS 91 Mark	
3. NAME OF DECEASED (Type or Print) NARO-ARET (Middle)	TURM 4. DATE OF DEATH	(Month) (Day) (Year) 5 — 1 — 19 57
female White 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	8-30-1874 76	iay If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 13. FATHER'S NAME	Baltimore Ma	12. CITIZEN OF WHAT
W. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME CULTURE STEELS	meyer
(If yes, give war or dates of service)	Mystle Sturm 91 Ma	skit & amapdi
18. MEDICAL CE	RITIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 7 1/	SNEET AND DEATH
Waster and Chilly Ulaxa	Less - Und beant	Aunalest
Immediate cause (a)		
Antecedent cause(s)	-Colder Vas sugar.	1000 / Ch.
Diseases or conditions, if any, (b) (b) (c) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Carren - wo Cooro C	colore
932 stating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	Nh.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	11/42	1 20. AUTOPSYT
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, actory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	50 11041 51	
22. I hereb certify that I attended the deceased flowers.	, 1950, to 11, 12, th	nat I last saw the deceased
alive on 1 10, 19, and that death occurred at	M. M. from the causes and on	the date stated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WWW Mullion My	HHA WILL GO VOL HAVE	WHILL OSTATI
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 5-4-5/	RY OR CREMATORY LOCATION (City,	town or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR	ADDRESS
may s, 1131	your M. Jager Lon	mapri
		ma.



Ai.

2411 N. Charles Street, Baltimore

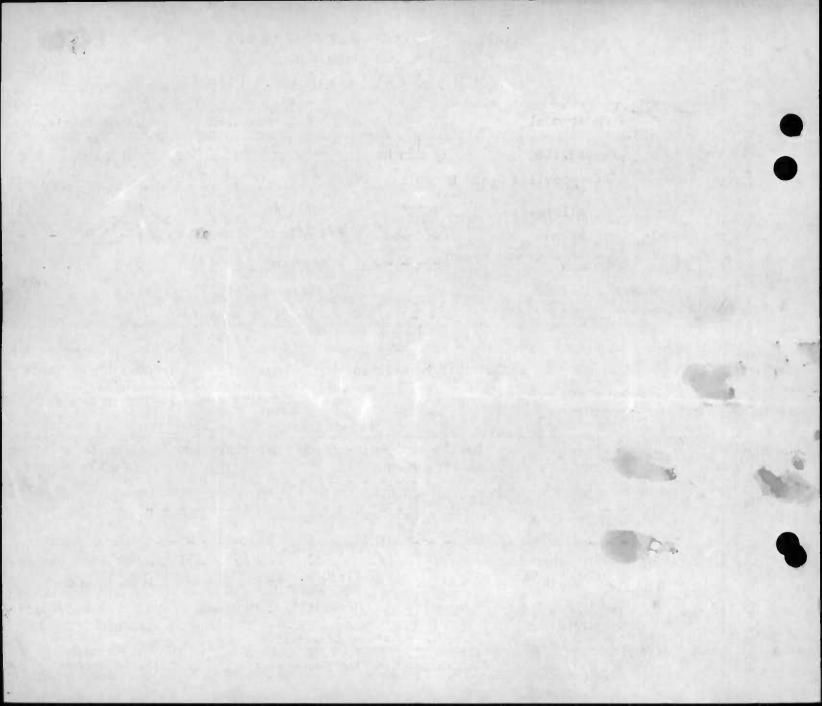
CERTIFICATE OF DEATH

04540 Reg. Dist. No....

1. PLACE OF DEAT	IV.		2. USUAL RESIDENCE (H	IOME) OF DECREE	ern.	
	nne Arundel	MARYLAND	STATE Mary		GREERY An	ne's
	orporate limits, write RUR town) rownsville		CITY (If outside corpora		AL and give nea	rest town)
HOSPITAL OR		State Hospital	STREET ADDRESS BY	(If rural, give	location)	/
3. NAME OF DECEASED	(First) William	(Middle) George	(Last) Sullivan	4. DATE (A OF DEATH	donth) (Da 5 29	
(Type or Print) 5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8/29/187075	9. AGE last birthday	If under 1 year Months Day	r III under 24 hr
10a. USUAL OCCUP	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State o	r foreign country)	12. CIT	TIZEN OF WHAT
13. FATHER'S NAM		0	14. MOTHER'S MAIDEN	NAME		
	a Sullivan	V	Unknown			
(Nas Deckased E	ver In U.S. Armed Forces i (Ii yes, give war or dates service)	of 16. SOCIAL SECURITY No.	Hospital F			
		18. MEDICAL CE	RTIFICATION		1	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ERVAL BETWEEN SET AND DEATH
44		Chronic myocarditi	e	Kr	nown to u	e gince
Immediat	e cause (a)	Mitotire myocararer	7.		4/4/51	S STIICE
	nt cause(s) conditions, if any, (b)				4/4/)1	
giving rise t	o the above cause inderlying cause last		0 * 0 * * * * * * * * * * * * * * * * *	# ************************************		9 * 7 & 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
. Conditions contribu	(c) [CANT CONDITIONS uting to the death but not use or condition causing death]	Senile Psychosis	s- Simple Deteri	ioration	1. 1	us since
		FINDINGS OF OPERATION			4/4/5120.	AUTOPSY?
000	-		to 60			es D No d
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) ((COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby cert	ify that I attended th	e deceased from 4/4/	19.51 to 5/29	2 19.51 that	t I last saw t	he deceased
alive on SIGNATURE	, 19, at	nd that death occurred at	ADDRESS	causes and on th	e uate stated D	above.
Traba	mucustu		Crownsville, Man			5/29/51
3. BURIAL, CREM	ATION DATE THERE	F NAVE OF CEMETER	RY OR CREMATORY I	Chesto		(State)
DATE RECD/BY	LOCAL RECASTRAIRS	SIGNATURE	24 W NERAL DIRECTO	PIO	PA	DDRESS
REG. 6//	SIau	Marich	thoy o.	Wilson 1	100 M	H LLAND

PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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of information carefully. death clearly and legibly.

Supply every item write the causes of

INK. please

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04541

CERTIFICATE OF DEATH Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED. J. PLACE OF DEATH. COUNTY COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) OR give nearest town) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS (Middle) 4. DATE (Month) 3. NAME OF (Last) (Day) (Year) DECEASED 195 1891114 01 DEATH 704 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 6. COLOR OR RACE Var 5 1894 (Specify) SINU/C 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? INDUSTRY NON-C 5HINGTON MOHE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 105 40 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of records service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Permicious anemia Immediate cause Antecedent cause(s) Tyocardial degeneration Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. It will deficit key - im becale 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT (Specify) SUICIDE HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work At work | 1976, to Muy 24, 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from. alive on May 23, 195/, and that death occurred at from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY 28. BURIAL, CREMATION REMOVAL (Specify) 24, FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH

04542

FOR MEDICAL	L EXAMINERS Reg. Dist. N	0
1. PLACE OF DEATH- COUNTY Hung Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	10,11
CITY (If outside corporate limits, write RURAL and OR give nearest term) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1420 West St	STREET ADDRESS 1420 Next 57.	
3. NAME OF DECEASED (First) JOHN ALBERT ARAMER	IAYMAN. OF MAY	(Day) (Year) 4 1957
MALE COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED, (Speaker)	8. DATE OF BIRTH 9. AGE inst birthday If under Months yrs.	
196 USUAL OCCUPATION (Give end of work 10b. Kind of Business of the during most of working life and if righted). Industry access	Prince Leorse G. Med.	COUNTRY A WHAT
John C. Tayman	Sorkia Gle	
15. O'AS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war of dates of service)	Mrs. a. Suy Tayman ass	spelin Med.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0 . 10 0	ONSET AND DEATH
Immediate cause (a) 1 Sullet wo	und in chart thron heart	oudden
97/V	loer	
164c stating the underlying cause last (c) Self in flic	ted	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, factory, atreet.	(4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Yes No No
PRIMARY COR CONTRIBUTING OF Office bldg TCMLE CAUSE OF DEATH.	Hmapoles A.A.	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work	HOW DIN INJURY OCCUR? Salf inflicted bullet to	ound
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my	from the evidence opinion resulted
from: natural eauses , accident , suicide & homicide , BIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Mr. M. Naffer M.D. Deputy Medical Exa	weren Annapolis Md	5/4/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE		ty) Ktary)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE W. A. Freuch	John M. Taylor Son	ADDRESS
m \	(1) a med	9 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

0	FOR MEDICAL	EXAMINERS Reg. Dist. No.	v
Th.	1. PLACE OF DEATH. COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
efully gibly.	OR give nearest town P. D. M. Classwell (In this place)	CITY (II outside corporate limits, write RURAL and give TOWN Caltinose, T	ve nearest town)
Supply every item of information carefully write the causes of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2	STREET (If rural, give location) ADDRESS 4 2 0 - N. Mount	st.
matic		(Last) 4. DATE (Month) OF DEATH CLASS	(Day) (Year) 5 195/
infor ath cl	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday fi under Months March 17, 1928 2 3 yrs.	
em of	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Gary, West Virginia	COUNTRY?
ery it	13. FATHER'S NAME Herrey Hatmarks	Mary Chappell	7
ly eve	16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes, give war or dates of service)	Viency Hatmach - 1420-K. man	of al. Bott
rite	18. MEDICAL CE	RTIPICATION	INTERVAL BETWEE
e &	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
INK. please	Immediate cause (a) Multiple hi	ins over body	
IG IN	8/6 5 Antecedent cause(s) Diseases or conditions, if any, (b) lambaa	fface &	udden!
ADIN ysicia	170C giving rise to the above cause last (c)		
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
	21. EXTERNAL CAUSE WAS PRIMARY Y OR CONTRIBUTING PLACE (Hnme, farm, factory, street, OF office-bidg., etc.) INJURY	P.O. millerwille J. a.	
PLAINLY	TIME (Month) (Dsy) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 5/5/5/- 2 A.m. work at work	HOW DID INJURY OCCUR?	J.
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection of Inquiry, find that said decerning and an article , homicide , homicide ,	utopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined .	from the evidence opinion resulted
RI	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	Kenston & faithertrut Neduty med. C	RY OR PREMATORY, LOCATION (City, town, or coun	5/3/5,
EASE	(3000000 5/8/3/ NO, ()	werery.	
PL	DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FONERAL BIRECTOR	ADDRESS
		10 1.1100.0.0	

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04544

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Ci	ty
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give ne	arest town)
OR TOWN givo nearest town) Crownsville (in this place) Six years2	mosiwn Baltimore	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	/
STREET ADDRESS Crownsville State Hospital	not known	
3. NAME OF (First) (Middle) DECEASED Floor		ay) (Year)
(Type or Print)	DEATH)/4/)I	19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH. 9. AGE last birthday If under t yes Months Day	r If under 24 hrs.
male colored (Specify) single	not known os(?) ym.	
done during most of working life, even if retired) Selling 1131	11. BIRTHPLACE (State or foreign country) 12. Cr	TIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY none		0.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David Thomas	Mary Cooper	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no optimization of the state of t	17. INFORMANT AND ADDRESS Hospital Records	
18. MEDICAL CER		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INT	TERVAL BETWEEN
Immediate cause (a) Chronic Myocard	itis known since 1/	26/45
(27 /) Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	7 00 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
93 giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteric	osclerosis known since ""	1 11 11 11
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY?
none	none	es No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE none OF office bidg., etc.)	none	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF None While at Not Wbile INJURY m. Work At work	none	
3/04/15	E/1/53	
22. I hereby certify that I attended the deceased from 1/26/45	, 19, to2/4/24, 19, that I last saw	the deceased
alive on 5/4/51, 19 and that death occurred at 6	. 1.5 A - m from the causes and on the date stated	ahovo
SIGNATURE: (Degree or title)	45. A. m., from the causes and on the date stated	ATE SIGNED
Marie Manager Da O		153
	wnsville, Md. 5/4	+/)1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REPOVAL (Specific) 5/10/5/	RY OR OREMATORY LOCATION (City, town, or county)	Hol (State)
DATE RECID BY AOCAL REGISTRAR'S SIGNATULE	24 FENERAL DIRECTOR	DRESS
20/51 220/1600	Chances a Hemsely 578NBA	All Comments
	0.1	1027
	13140	The same of the sa

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04545

1. PLACE OF DEATH- COUNTY ANNE Anundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give near st town) CURAL and LENGTH OF STAY (in this place)	OR 315 14 Place. N.E Washing trees
HOSPITAL OR INSTITUTION OR Chuncheon - Deale Beach.	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) (Milliam (Monton)	TREGULAG. 4. DATE (Month) (Day) (Year) OF DEATH MAU 6 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIETH 9. AGE last birthday Munder I year If under 24 hrs. Months Days Hours Min.
done during most of working life, eye if retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY (L.S.A.)
G. FATHER'S NAME /	14. MOTHER'S MAIDEN NAME WINK NOWN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (11 yes, give war or dates of service)	Joseph G. Tredway - Washington D.C.
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerchenal Vascula	n Accident 1/2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(Andistouseulan disease
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m,	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MAy 6 alive on MAY 6 , 1951, and that death occurred at 5	19.5.1., to May 6, 19.5.1., that I last saw the deceased
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RYOR CREMATORY LOCATION (City, town, or county) (State)
Ellerat Milay Trespedar HI	11- Pr. Goo. Co PHACE Georges Co. Ked.
DATE REC'D BY LOCAL RECISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR W. W. Chambers Co. 517-11 St &
	TIME OF



04546

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

	4				
1. PLACE OF DEATH	· _		2. USUAL RESIDENCE	(HOME) OF DECEASED.	7037
COUNTY	E ARUNDEL	MARYLAND	STATE	COUN	AACO
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and	give nearest town)
OR give nearest	LEN BURN	(in this place)	TOWN ELEN	BURNIS	
HOSPITAL OR INSTITUTION OF	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	AUF	STREET ADDRESS 2 4 4	(If rural, give location)	
STREET ADDRES	ss IX VIRGII		11 3.J. VIR	GINIA AUE	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	LILLIAN	17.	WALKEK	DEATH Zay	do 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify)	8. DATE OF BIRTH MAY 6, 1905	4-6 yrs.	B Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of w	orking life, even If retired)	INDUSTRY T HONE		ID.	COUNTRY!
13. FATHER'S NAM	E		14. MOTHER'S MAIDE	N NAME	
	JOHN HIGDO	N		KNOWN	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES (If yes, give war or dates of	? 16. SOCIAL SECURITY No.		ADDRESS GLENBURI	
(168, no, or diamona)	service)	**	HOCHAND L	WALKER 12 VIAGIA	UA AKE
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		0-t-t-0	Obstruction		2.0
Immediate	cause (a)	xmeerings	O service con		
77. Anteceden	t cause(s)	T' 0	= 15-4		3
Diseases or c	onditions, If any (c) (b)	+ wrosalcon	a - / celas		33/30
	nderlying cause last	- 1	(Five tumors	shoulders, other	night (Stras)
	(b) (a)	Secondary	avenua		1- 70 wylla
	CANT CONDITIONS tlng to the death but not se or condition causing deat	h.		(6-5-51 - ams)	
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work			
22. I hereby certi	4	e deceased from hay			
alive on	Zay 20, 1951, an	d that death occurred at	6 . 45P m., from the	e causes and on the date	stated above.
SIGNATURE	1 0	(Degree or title)	ADDRESS	- 10	DATE SIGNED
c. hill	w Venither	un. n.D. L	wither 4	-fa , Ild	Nay 20, 1851
23. BURIAL, CREMAREMOVAL (Spec		NAME OF CEMETE		LOCATION (City, town, or con	
DATE REC'D BY			24. FUNERAL DIRECT	OR	ADDRESS
5/12/3	71/VI	Hodies	James L. 7	ne Cister 130 F. F	ORTHANE
	·				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04547

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY ANNE ARUNDEL MARYLAND	STATE MD COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN givo nearest town) ROUKLYN PARK (in this place)	OR BROOKLYN PARK
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 202 FIFTH AUE	ADDRESS 202 FIFTH AVE
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MARY JAIVE W	JAMPLER DEATH 5 23 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) // (DOWED)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Lind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
WILLIAM LARKINS	SARAH FRANK
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of	MRS ANNA FIELD 202 5TH AVE
lservice) — 18. MEDICAL CE	1,1102,111,11200
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Cerebral	Lewonkoge 6 days
Immediate cause	
442 X Antecedent cause(s)	e cardio vosculono 2
Diseases or conditions, if any, (b) 1	**************************************
93 d stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Co
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
.718	
22. I hereby certify that I attended the deceased from	
	1957, to 3, 1957, that I last saw the deceased
6/	< /J .
alive on 6/27, and that death occurred at	7. m., from the causes and on the date stated above.
6/	< /J .
alive on 27 , 1957, and that death occurred at signature Dealer (Degree or title)	ADDRESS However Story Signed
alive on 27 , 1957, and that death occurred at a SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS ADD
alive on 27 , 1907, and that death occurred at a signature of the signatur	ADDRESS ADDRES
alive on 27 , 1957, and that death occurred at a SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS ADDRES

2411 N. Charles Street, Baltimore

114548

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.		NCE (HOME) OF DECEASE	
COUNTY A. A. MARYLA	MARYLAND STATE James. COUNTY		
CITY (If outside corporate limits, write RURAL and CENGTH (OR giv hearest town) (in this TOWN)	OF STAY CITY (If outside	corporate limits, write RURAL	L and give nearest town)
HOSPITAL OR	STREET	(If rural give loc	eation)
STREET ADDRESS 54 15 . Reverapolis	ADDRESS		
3. NAME OF (First) (Middle)	(Leet)	4. DATE (Mo	
(Type or Print) Cleane Margachet	Webben	OF DEATH WA	19 28 195)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV. (Specify) CV.	ORCED.	H 9. AGE last birthday	If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF Bus done during most of working life even if retired) INDUSTRY	INESS OR 11. BIRTHPLACE	(State or foreign country)	P 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME .	14. MOTHER'S M.	AIDEN NAME	
Iten Christian Hoffena	n Mary	Meder.	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURI	TY NO. 17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates of 213-14-	2148 Willia	en Notte	-an
18. ME	DICAL CERTIFICATION	$\epsilon \sigma$	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA'	PII		INTERVAL BETWEEN ONSET AND DEATH
a ·	^	8	
Immediate cause (a) Kareer	ona)	Cervil -	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	e) to all long		
48 a stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS	,		
Conditions contributing to the death but not related to the disease or condition causing death.	o- Vascula	Disease	10 m.
19a. DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	Kadim 4	X-rag post	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factor office bldg., etc.) HOMICIDE INJURY	ry, street, (CIT	Y OR TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRI OF While at Not Work \(\Day \) At W		RY OCCUR?	
	- 1/2 5	1,0	
22. I hereby certify that I attended the deceased from	19.7.7, to	20 , 198./, that	I last saw the deceased.
alive on 5/28 , 194/, and that death occur SIGNATURE (Degree or t	rred at 2m., from	m the causes and on the	date stated above:
Chas. K. Ball J. Mis.	Linchicus	w .	5/28/51
	CEMETERY OR CREMATOR	BALTIMORE	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	200 24 FUNETAL DI		ADDRESS SMA

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04549

1. PLACE OF DEATH. COUNTY Come area Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	00
CITY (If outside corporate limits, write RURAL and OR give negres 16 yr) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7/ Conduct 4:	STREET Al rural, give location) ADDRESS 7/ Conduct	
3. NAME OF DECEASED (First) (Middle) (Type of Print) MAUDF (Middle)	WHITNEY 4. DATE (Month) OF DEATH 5-	(Day) (Year) 8 - 1957
6. SEX 6. COLOR, OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	
104. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11_BIRTHPLACE (State or foreign/country) 12	CITIZEN OF WHAT
13. FATHER'S NAME Fourbrother	Liggie arm Mould	5
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mirs Belle 7. Whitney arms	boli- Md.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A THE CATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerebra	ul hem whaff	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	i cadio - varcula dis eas	***************************************
932 stating the underlying cause last (e)	i hyperteurs i von	10 gm.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on	.0	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	RY OR CREMATORY LOCATION (City, town, or count	5/9/57 y) O ₄ (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Emetery cekskell	ADDRESS
REG. 5/10/5/ 1 10/5/	John M. Layler Son Um	rapolis me
		rad.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

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Supply every item of information carefully. The write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY 72.		MADWIAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	UNTY PA
OR givemearest	rporate limits, write RUF	MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN	ate limits, write RURAL ar	nd give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	tourt	Heights	STREET ADDRESS Tyunk	(If rural give location	(+s
3. NAME OF DECEASED (Type or Print)	(First) Ary Virgi.	Wia Wilking		4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX	6. COLOR OR RACE	7 SINGLE MARRIED, WIDOWED DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last hirthday If M. Yrs.	under 1 year II under 24 hronths Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Mary Cand	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	· Mal)	e /	14. MOTHER'S MAIDEN	NAME Ester	A. Cover
(Yes, no, or unknown)	ER IN U.S. ARMÉD FORCE (If yes, give war or dates service)		Mrs. Esther	Pearl Tus	Ker
		18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)_(erabra Vasc	. whor Ace	ident	
Diseases or o	t cause(s) onditions, if any, the above cause	Prlevioseleroli	c Cardiovas	Rular Dise	15e 5 Tyrn.
	nderlying cause last (c)	Diabetes M.	•		gr-
related to the diseas	ting to the death hut not se or condition causing dea		ng hauson	Disease	
19a. DATE OF OPEL	RATION 19b. MAJOR	FINDINGS OF OPERATION	,		Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
22. I hereby certi	fy that I attended th	e deceased from Dec. 2	Y, 19.49, to 5/5,	, 195,, that I la	ast saw the deceased
alive on	2/15/, 19, ar	d that death occurred at	ADDRESS from the	causes and on the dat	te stated above. DATE SIGNED
Trank	M. Ship	ly , M.D. 63	College Che	· Arnspolin	5/5/51
23. BURIAL, CREMA	585	11 Morela	nd tark	LOCATION (City, town, or	nd
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	5305 Thank	ord Cd 14
			1	1	

VS. A15

Contract

COUNTY

5. SEX

INJURY

7 REG.

Male

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

150105

CERTIFICATE OF DEATH Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Anne Arundel MARYLAND Maryland CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town).
TOWN Annapolis (in this place) TOWN Annapolis HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Anne Arundel General mile oak STREET ADDRESS 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF WILLIAMS
7. SINGLE, MARRIED.
WIDOWED, DIVORCED,
(Specify)Married (Type or Print) HORACE G DEATH 19 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. May 29, 1872 White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Tobc. Farm Anne Arundel Co., Md. Copigny? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Murdock William Williams 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? ! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Annapolis, Md Mrs. Gertrude Williams service) None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No C PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY (Specify) (CITY OR TOWN) 21. ACCIDENT (COUNTY) · (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not Whllo Work At work 195. . that I last saw the deceased 22. I hereby certify that I attended the deceased from Lesm., from the causes and on the date stated above. alive on .. SIGNATURE DATE SIGNED DATE THEREOF 23. BURIAL, CREMATION REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Cedar Bluff Cemetery Annapolis DATE REC'D BY LOCAL REGISTRA S SIN ATTERE 24. FUNERAL DIRECTOR Hopping and Son Annapolis.



P. M.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04552

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Anne Arundel MARYLAND	STATE Marylandq COUNTY Charles
CITY (If outside corporate limits, write RURAL and OR give nearest town) Crownsville 5(inythis rulace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ISSUE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET (If rural, give location) none known
3. NAME OF (First) (Middle) DECEASED (Type or Print) Alexander	Wilson 4. DATE (Month) (Day) (Year) OF 5/24/51 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9. AGE last birthday Months Days If under 24 hrs. May 25. 1872 78 yrs. If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of grating life, even if retired) Industry farming	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Wilson	Julia Thortes
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) Lilyses, decreased that the control of the control	17. INFORMANT AND ADDRESS Hospital Records
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Chronic Myocarditi	Known to us since
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosi	Known to us since
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	4/4/40 20. AUTOPSY?
none	none Yes No 🛛
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY none m.	HOW DID INJURY OCCUR?
alive or 5/24/51 , 19 , and that death occurred at 1 (Degree or title) SIGNATURE: (Degree or title) 23. BURIAL CREMATION DATE THEREOF KAME OF CEMETE REMOVAL (Specify) May 28 House House	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGIMON 4 87	Henrit & Ryon Waldoy his



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

Reg. Dist. No.

Annapolis.

1-10826

Maryland

CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND Maryland CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)
TOWN (in this place) Gambrills TOWN HOSPITAL OR STREET (If reral give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Last) (Middle) 4. DATE (Month) (Day) (Year) DECEASED Wilson 19 (Type or Print) Lucy DEATH 195. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months Days Hours Min. -23-1859 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Fork Hautexent 14. MOTHER'S MAIDEN NAME Allen Green Priscilla Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war or dates of Della Wilson service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 Yes 🗌 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work 19.4.9, to M. a. 18, 19.2.1., that I last saw the deceased 22. I hereby certify that I attended the deceased from..... alive on May 13, 19 0, and that death occurred at 540 Mm., from the causes and on the date stated above. ADDRESS SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Reese

